MINNESOTA HEALTH CARE DISPARITIES

BY RACE, HISPANIC ETHNICITY, LANGUAGE AND COUNTRY OF ORIGIN

2019 REPORT

REVISED JUNE 19, 2020
ORIGINALLY RELEASED MAY 2020

MN Community
MEASUREMENT

2019 Minnesota Health Care Disparities
By Race, Hispanic Ethnicity, Language and Country of Origin

WHO IS MN COMMUNITY MEASUREMENT?

As an independent nonprofit dedicated to empowering health care decision makers with meaningful data, MN Community Measurement (MNCM) is a statewide resource for timely, comparable information on health care costs and quality. Quality measurement in health care delivers value to patients, providers, payers and purchasers and the community.

PURPOSE OF THIS REPORT

While Minnesota consistently ranks as one of the healthiest states in the nation, there continues to be wide variation in health care outcomes across and within certain communities. This report summarizes these variations and identifies opportunities for improvement across race, Hispanic ethnicity, preferred language and country of origin (RELC).

KEY FINDINGS & NOTES

- **RACE/ETHNICITY**
  - **American Indian/Alaskan Native, Black/African American and Hispanic patients** have **significantly lower** rates of optimal care compared to the statewide average in all reported measures.
  - **White females** have **significantly higher** rates of optimal care compared to White males in most of the reported measures.
  - **American Indian/Alaskan Native and Black/African American patients with diabetes** have the **lowest** rates of HbA1c control.
  - **Black/African American and Hispanic patients who have diabetes** have **significantly lower** rates of blood pressure control compared to the statewide average for the Optimal Vascular Care measure.

- **PREFERRED LANGUAGE**
  - **Non-English-speaking Black/African American patients** have **significantly higher** rates of optimal diabetes care, optimal vascular care and optimal asthma control among children compared to English-speaking Black/African American patients.

- **COUNTRY OF ORIGIN**
  - **Black/African American patients born outside of the United States** have **significantly higher** rates of optimal care compared to Black/African American patients born in the United States on a majority of the reported measures.

Statewide Summary by Race and Hispanic Ethnicity

QUALITY MEASURES	RACE												ETHNICITY			
	American Indian/ Alaskan Native		Asian		Black/ African American		Multi-Race		Native Hawaiian/ Other Pacific Islander		White		Hispanic		Not Hispanic	
	Rate	Rating	Rate	Rating	Rate	Rating	Rate	Rating	Rate	Rating	Rate	Rating	Rate	Rating	Rate	Rating
Colorectal Cancer Screening	54.0%	▼	62.9%	▼	58.3%	▼	61.2%	▼	59.1%	▼	72.9%	▲	56.2%	▼	71.9%	▲
Optimal Diabetes Care	25.7%	▼	47.6%	▲	33.8%	▼	32.0%	▼	43.1%	●	46.6%	▲	36.5%	▼	45.5%	●
Optimal Vascular Care	47.3%	▼	67.2%	▲	46.7%	▼	55.7%	▼	59.1%	●	61.8%	▲	57.4%	▼	61.3%	●
Optimal Asthma Control – Adults	34.1%	▼	53.5%	●	40.0%	▼	47.6%	▼	52.0%	●	55.6%	▲	44.2%	▼	53.8%	●
Optimal Asthma Control – Children	41.6%	▼	65.9%	▲	55.7%	▼	60.2%	●	58.3%	●	61.2%	▲	52.9%	▼	60.4%	●
Adolescent Mental Health and/or Depression Screening	69.0%	▼	88.7%	▲	84.8%	▼	88.1%	▲	85.0%	●	85.9%	●	80.7%	▼	86.1%	●
Adult Depression: Follow-up at Six Months	32.1%	▼	33.6%	●	27.1%	▼	26.9%	▼	29.7%	●	36.7%	▲	29.6%	▼	35.8%	●
Adult Depression: Response at Six Months	10.6%	▼	10.3%	▼	7.5%	▼	8.0%	▼	12.9%	●	15.5%	▲	11.2%	▼	14.8%	●
Adult Depression: Remission at Six Months	5.4%	▼	5.6%	▼	3.8%	▼	4.0%	▼	7.9%	●	9.3%	▲	6.5%	▼	8.8%	●
Adult Depression: Follow-up at 12 Months	25.2%	▼	29.4%	●	23.2%	▼	21.6%	▼	27.7%	●	32.1%	▲	21.4%	▼	31.3%	●
Adult Depression: Response at 12 Months	7.5%	▼	8.7%	▼	6.9%	▼	7.2%	▼	13.9%	●	13.9%	▲	8.5%	▼	13.2%	●
Adult Depression: Remission at 12 Months	4.1%	▼	4.4%	▼	3.5%	▼	3.5%	▼	5.9%	●	8.6%	▲	4.7%	▼	8.0%	●

▼ Below statewide average   ● Average   ▲ Above statewide average

COLORECTAL CANCER SCREENING

Race/Ethnicity Summary
2019 Report Year (2018 dates of service)

Colorectal Cancer Screening
By Race/Ethnicity

Statewide average for patients with race/ethnicity information available
Race average = 71.7%   Ethnicity average = 71.8%

American Indian/Alaskan Native, Asian, Black/African American, Multi-Race, Native Hawaiian/Other Pacific Islander and Hispanic/Latino patients have **significantly lower** rates of colorectal cancer screening compared to the race/ethnicity average.
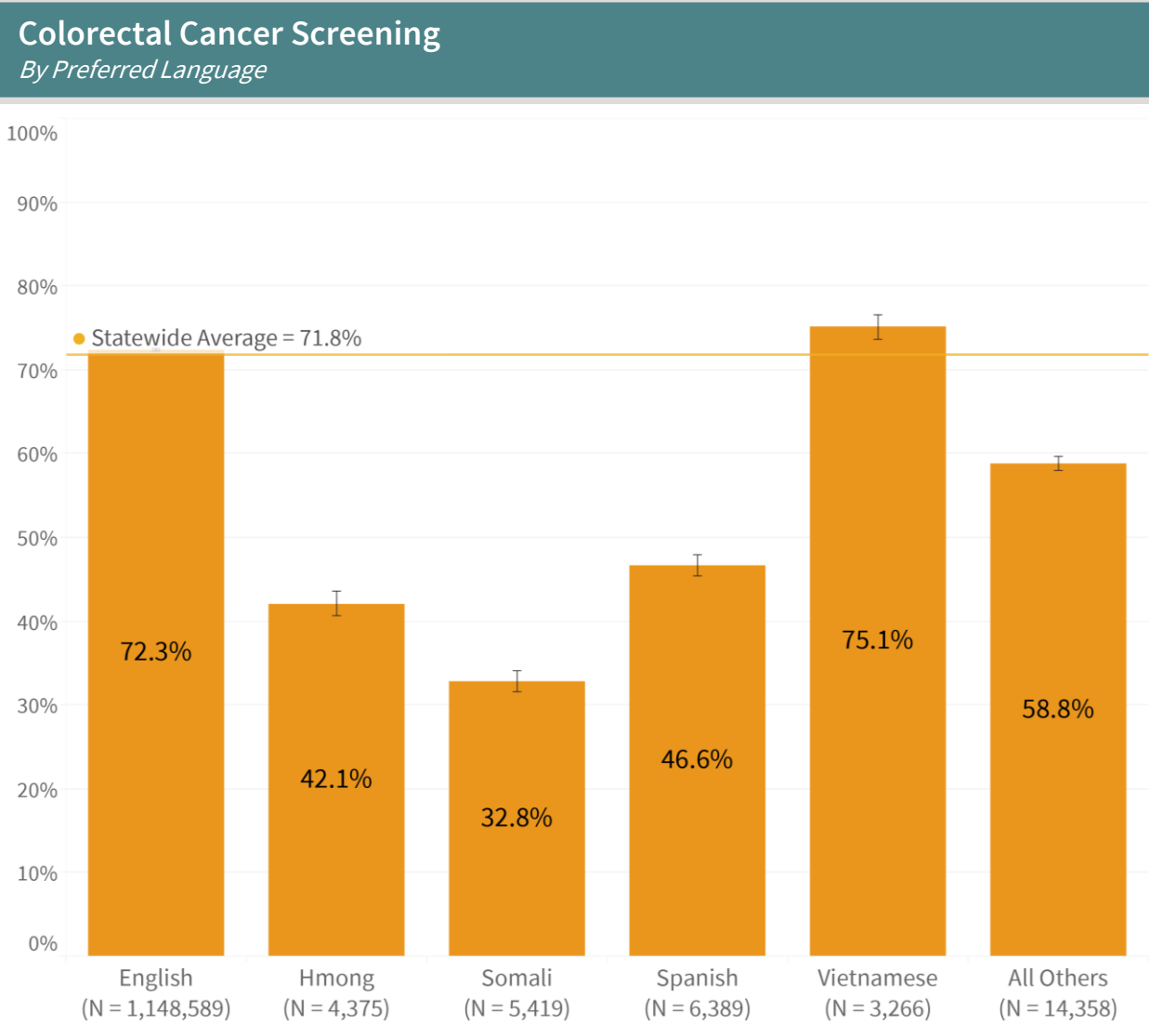
White female patients have **significantly higher** rates of colorectal cancer screening compared to White male patients.

COLORECTAL CANCER SCREENING
Preferred Language Summary
2019 Report Year (2018 dates of service)

Colorectal Cancer Screening
By Preferred Language

Statewide Average = 71.8%

Language	Rate
English (N = 1,148,589)	72.3%
Hmong (N = 4,375)	42.1%
Somali (N = 5,419)	32.8%
Spanish (N = 6,389)	46.6%
Vietnamese (N = 3,266)	75.1%
All Others (N = 14,358)	58.8%

72.3% English-speaking patients

51.7% Non-English-speaking patients

Statewide, **English-speaking patients** have **significantly higher** rates of colorectal cancer screening compared to non-English-speaking patients

Patients who speak **English, Hmong, Somali, Spanish or Vietnamese** make up the largest portion of the eligible population.

Patients who speak **Hmong, Somali or Spanish** have **significantly lower** rates of colorectal cancer screening compared to the statewide average.
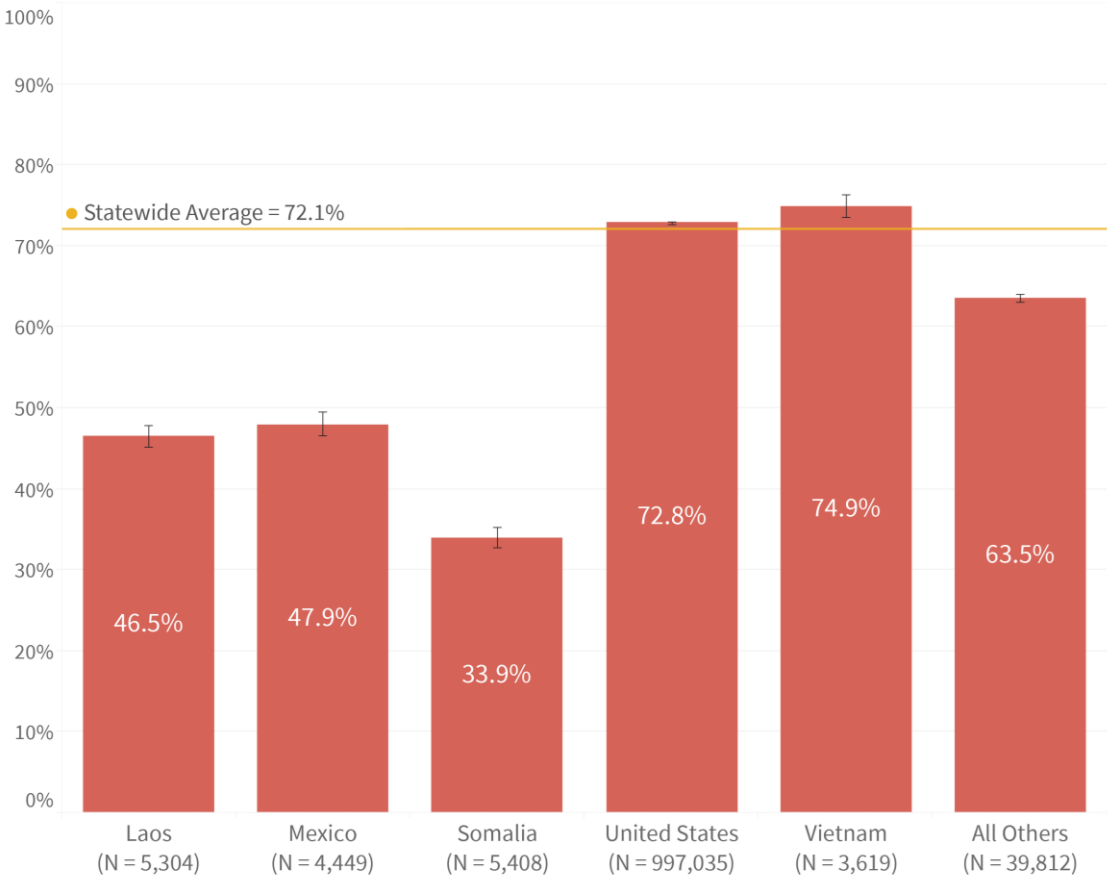
Statewide average for patients with preferred language information available

COLORECTAL CANCER SCREENING
Country of Origin Summary
2019 Report Year (2018 dates of service)

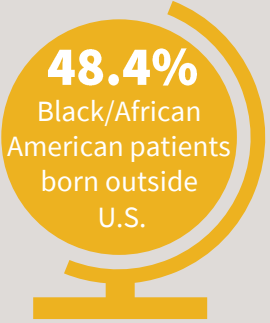### Colorectal Cancer Screening
By Country of Origin

Statewide Average = 72.1%

Country	Rate
Laos (N = 5,304)	46.5%
Mexico (N = 4,449)	47.9%
Somalia (N = 5,408)	33.9%
United States (N = 997,035)	72.8%
Vietnam (N = 3,619)	74.9%
All Others (N = 39,812)	63.5%

Patients from **Laos, Mexico, Somalia, United States and Vietnam** make up the largest portion of the eligible population.

Patients from **Laos, Mexico and Somalia** have **significantly lower** rates of colorectal cancer screening compared to the statewide average.

● Statewide average for patients with country of origin information available

67.0% Asian patients born in U.S.

61.8% Asian patients born outside U.S.
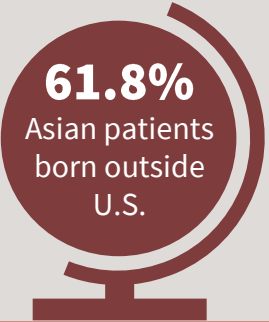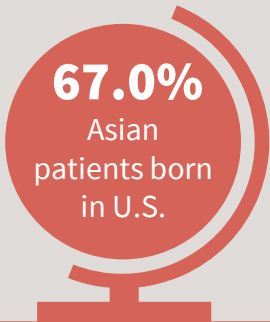
Asian patients born in the United States have **significantly higher** rates of colorectal cancer screening compared to Asian patients born outside the United States.
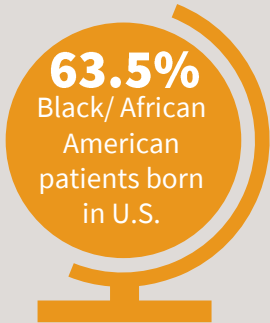
63.5% Black/ African American patients born in U.S.

48.4% Black/African American patients born outside U.S.

Black/African American patients born in the United States have **significantly higher** rates of colorectal cancer screening compared to Black/African American patients born outside the United States.

73.5% White patients born in U.S.

63.5% White patients born outside U.S.
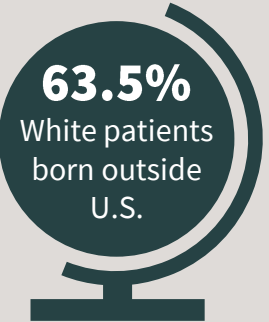
White patients born in the United States have **significantly higher** rates of colorectal cancer screening compared to White patients born outside the United States.

OPTIMAL DIABETES CARE
Race/Ethnicity Summary
2019 Report Year (2018 dates of service)

Optimal Diabetes Care
By Race/Ethnicity
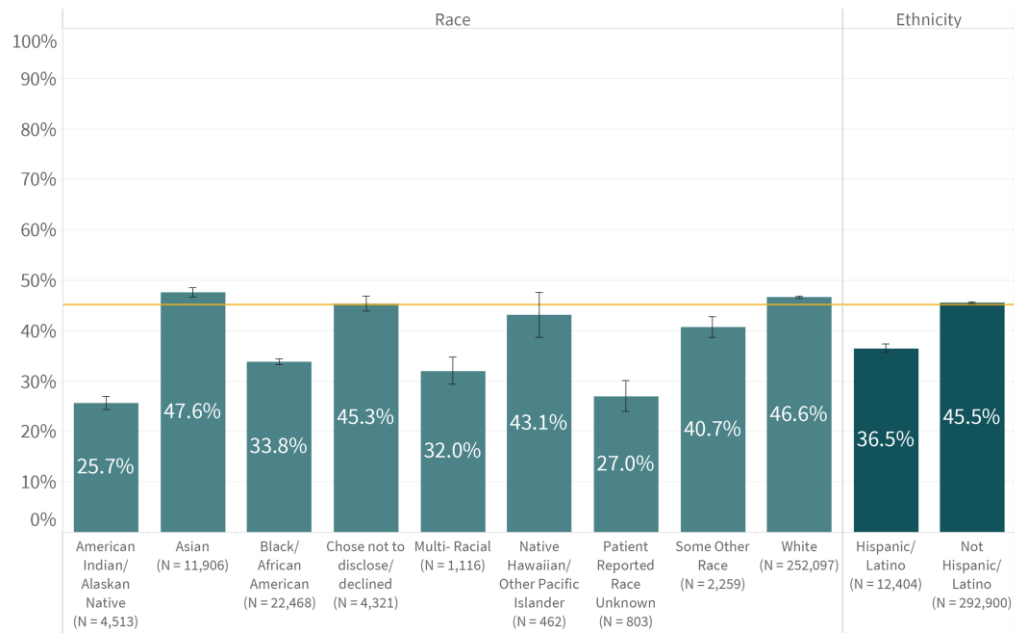
Statewide average for patients with race/ethnicity information available
Race average = 45.2%   **Ethnicity average = 45.2%**

American Indian/Alaskan Native, Black/African American, Multi-Race and Hispanic/Latino patients have **significantly lower** rates of optimal diabetes care compared to the race/ethnicity average.

Black/African American female and White female patients have **significantly higher** rates of optimal diabetes care compared to Black/African American males and White males, respectively.

American Indian/Alaskan Native
By Optimal Diabetes Component
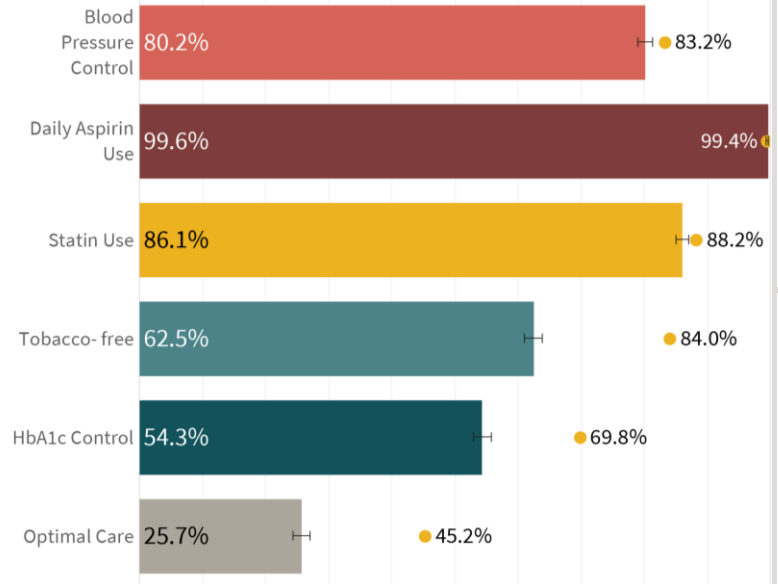
62.5% of American Indian patients are tobacco-free, the lowest of any race group.

54.3% of American Indian patients have a controlled HbA1c (< 8.0), the lowest of any race group.

Black/African American
By Optimal Diabetes Component

62.1% of Black/ African American patients have a controlled HbA1c (< 8.0), the second lowest of any race group

OPTIMAL DIABETES CARE
Preferred Language Summary
2019 Report Year (2018 dates of service)

English-speaking vs. Non-English-speaking
By Optimal Diabetes Component

Blood Pressure Control	English	83.3%
	Non-English	81.4%
Daily Aspirin Use	English	99.4%
	Non-English	99.4%
Statin Use	English	88.2%
	Non-English	87.3%
Tobacco-free	English	83.6%
	Non-English	91.2%
HbA1c Control	English	70.2%
	Non-English	62.4%
Optimal Care	English	45.4%
	Non-English	41.7%

Non-English-speaking patients have **significantly lower rates of HbA1c control** compared to English-speaking patients.

English-speaking patients have **significantly lower rates of being tobacco-free** compared to Non-English-speaking patients.

Optimal Diabetes Care
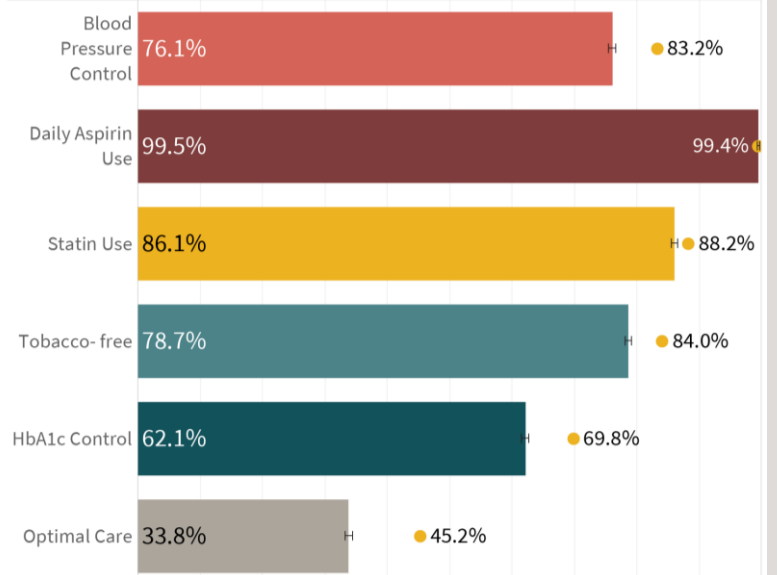*By Preferred Language*
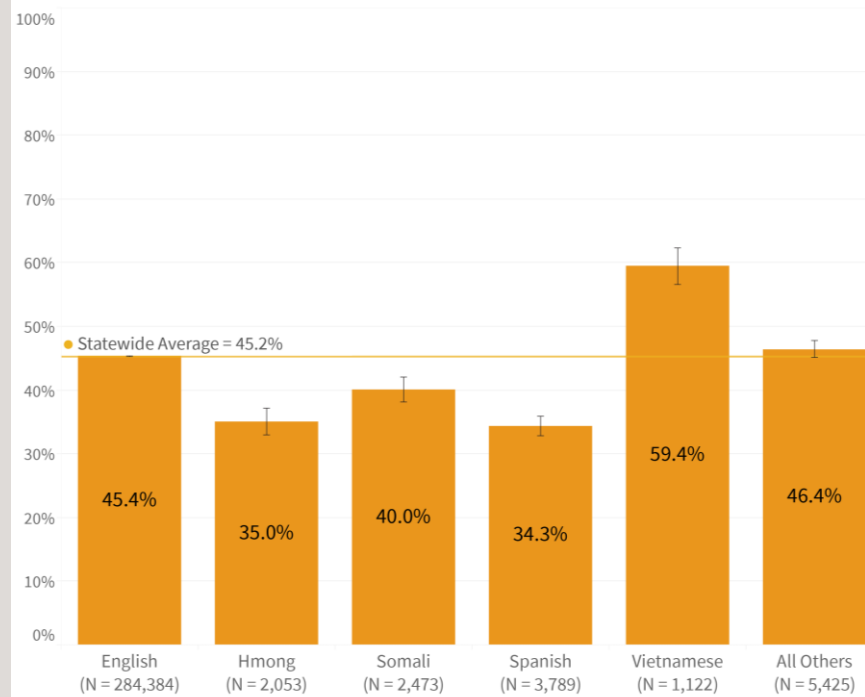
Statewide Average = 45.2%

- English (N = 284,384): 45.4%
- Hmong (N = 2,053): 35.0%
- Somali (N = 2,473): 40.0%
- Spanish (N = 3,789): 34.3%
- Vietnamese (N = 1,122): 59.4%
- All Others (N = 5,425): 46.4%

Patients who speak **English, Hmong, Somali, Spanish or Vietnamese** make up the largest portion of the eligible population.

Patients who speak **Hmong, Somali or Spanish** have **significantly lower** rates of optimal diabetes care compared to the statewide average.

49.2% English-speaking Asian patients

45.8% Non-English-speaking Asian patients

English-speaking Asian patients have **significantly higher** rates of optimal diabetes care compared to non-English-speaking Asian patients.

32.5% English-speaking Black/African American patients

41.2% Non-English - speaking Black/African American patients

Non-English-speaking Black/African American patients have **significantly higher** rates of optimal diabetes care compared to English-speaking Black/African American patients.

● Statewide average for patients with preferred language information available

OPTIMAL DIABETES CARE
Country of Origin Summary
2019 Report Year (2018 dates of service)

Born in the U.S. vs. Born Outside the U.S.
By Optimal Diabetes Component

Blood Pressure Control	Foreign-born	82.5%
	U.S.-born	83.3%
Daily Aspirin Use	Foreign-born	99.4%
	U.S.-born	99.4%
Statin Use	Foreign-born	86.5%
	U.S.-born	88.2%
Tobacco-free	Foreign-born	91.0%
	U.S.-born	82.8%
HbA1c Control	Foreign-born	65.2%
	U.S.-born	70.3%
Optimal Care	Foreign-born	43.8%
	U.S.-born	45.1%

Patients born outside the United States have **significantly lower rates of HbA1c control** compared to patients born in the United States.

Patients born in the United States have **significantly lower rates of being tobacco-free** compared to patients born outside the United States.

● Statewide average for patients with country of origin information available

Optimal Diabetes Care
By Country of Origin

Statewide Average = 44.9%

Country	Rate
India (N = 1,442)	53.1%
Laos (N = 2,584)	36.1%
Mexico (N = 3,032)	33.9%
Somalia (N = 2,863)	38.7%
United States (N = 245,360)	45.1%
All Other (N = 15,104)	47.1%
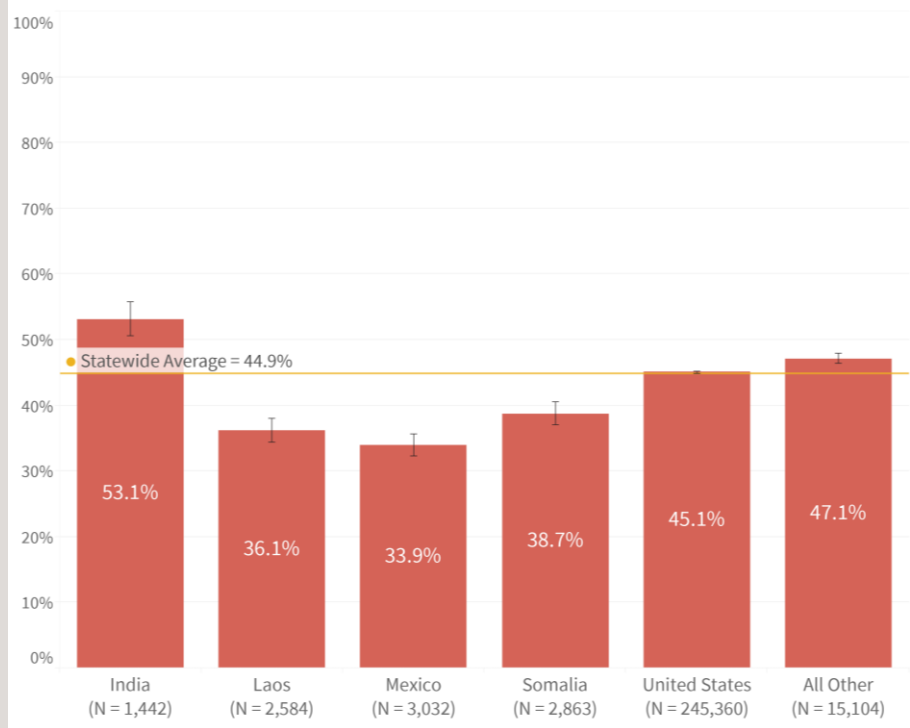
Patients from India, Laos, Mexico, Somalia and United States make up the largest portion of the eligible population.

Among these patients, those from **Laos, Mexico and Somalia** with diabetes have the **lowest rates of optimal care.**

25.3%
American Indian/Alaskan Native patients born in U.S.

37.6%
American Indian/Alaskan Native patients born outside U.S.

29.0%
Black/African American patients born in U.S.

41.0%
Black/African American patients born outside U.S.

American Indian/Alaskan Native patients born in the United States have **significantly lower** rates of optimal diabetes care compared to American Indian/Alaskan Native patients born outside the United States.

Black/African American patients born in the United States have **significantly lower** rates of optimal diabetes care compared to Black/African American patients born outside of the United States.

OPTIMAL VASCULAR CARE

Race/Ethnicity Summary
2019 Report Year (2018 dates of service)

Optimal Vascular Care
By Race/Ethnicity
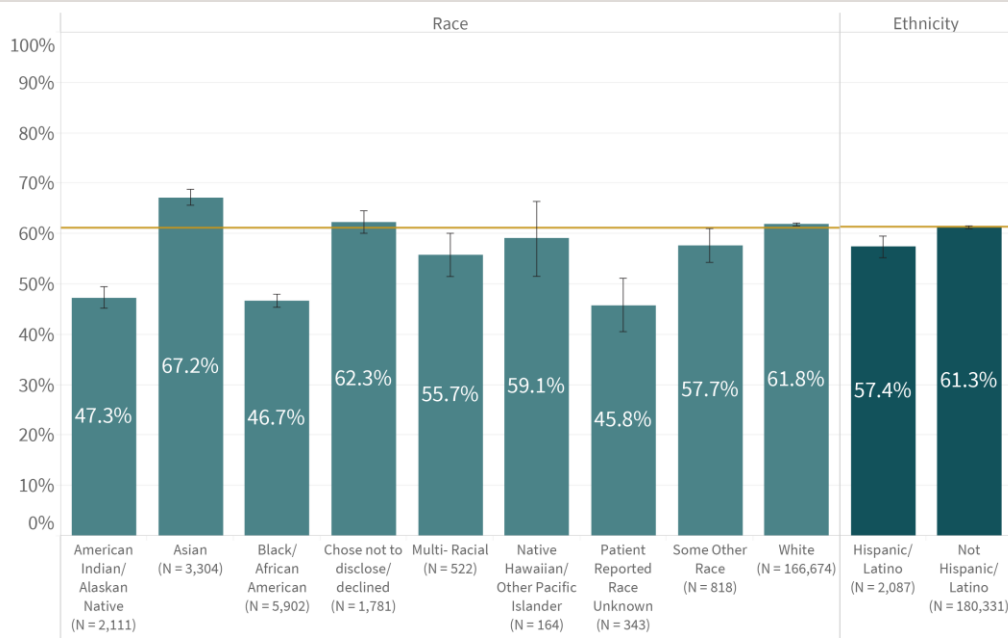
Race | Ethnicity

American Indian/ Alaskan Native (N = 2,111)	47.3%
Asian (N = 3,304)	67.2%
Black/ African American (N = 5,902)	46.7%
Chose not to disclose/ declined (N = 1,781)	62.3%
Multi- Racial (N = 522)	55.7%
Native Hawaiian/ Other Pacific Islander (N = 164)	59.1%
Patient Reported Race Unknown (N = 343)	45.8%
Some Other Race (N = 818)	57.7%
White (N = 166,674)	61.8%
Hispanic/ Latino (N = 2,087)	57.4%
Not Hispanic/ Latino (N = 180,331)	61.3%

— Statewide average for patients with race/ethnicity information available
Race average = 61.2%   **Ethnicity average = 61.3%**

American Indian/Alaskan Native, Black/African American, Multi-Race and Hispanic/Latino patients have **significantly lower** rates of optimal vascular care compared to the race/ethnicity average.

American Indian/Alaskan Native males, Asian males and White males have **significantly higher** rates of optimal vascular care compared to American Indian females, Asian females and White females, respectively.

Black/African American
By Optimal Vascular Component

Blood Pressure Control	73.8%	83.8%
Daily Aspirin Use	91.6%	92.6%
Statin Use	89.8%	91.7%
Tobacco- free	72.0%	82.5%
Optimal Care	46.7%	61.2%
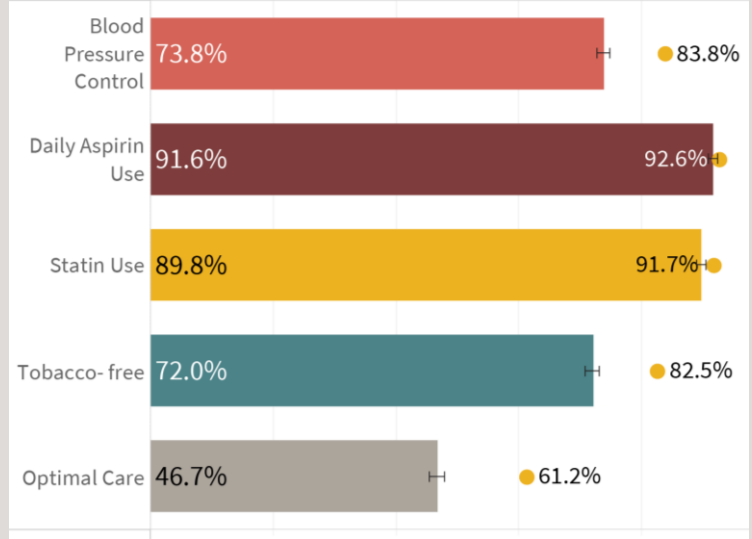
72.0% of Black/ African American patients are tobacco-free, which is **significantly below average**.

73.8% of Black/ African American patients have optimal blood pressure control which is **significantly below average**.

Hispanic Ethnicity
By Optimal Vascular Component

Blood Pressure Control	79.9%	83.8%
Daily Aspirin Use	90.0%	92.7%
Statin Use	90.1%	91.8%
Tobacco- free	84.7%	82.6%
Optimal Care	57.4%	61.3%
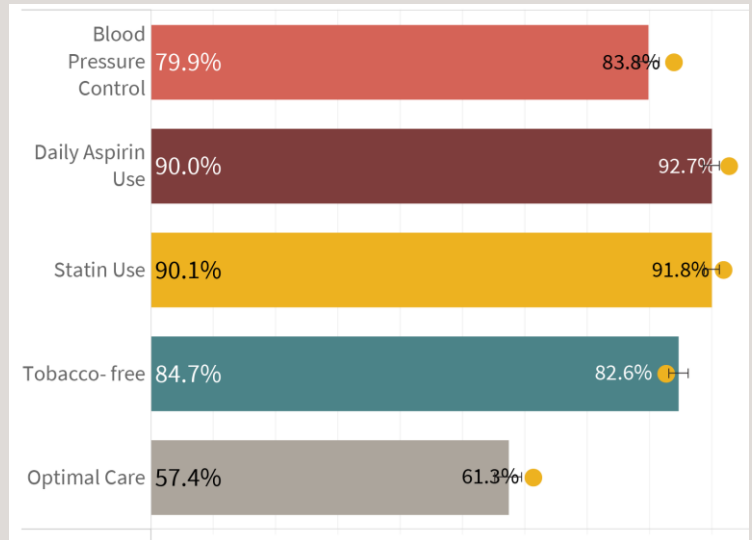
79.9% of Hispanic patients have optimal blood pressure control, which is **significantly below average**.

90.1% of Hispanic patients are on a statin medication, which is **significantly below average**.

OPTIMAL VASCULAR CARE
Preferred Language Summary
2019 Report Year (2018 dates of service)

English-speaking vs. Non-English-speaking
By Optimal Vascular Component

Component	Language	Rate
Blood Pressure Control	English	83.8%
	Non-English	79.3%
Daily Aspirin Use	English	92.6%
	Non-English	90.6%
Statin Use	English	91.7%
	Non-English	92.6%
Tobacco-free	English	82.3%
	Non-English	91.0%
Optimal Care	English	61.2%
	Non-English	62.5%

Non-English-speaking patients have **significantly lower rates of blood pressure control** compared to English-speaking patients.

English-speaking patients have **significantly lower rates of being tobacco-free** compared to Non-English-speaking patients.

Optimal Vascular Care
By Preferred Language
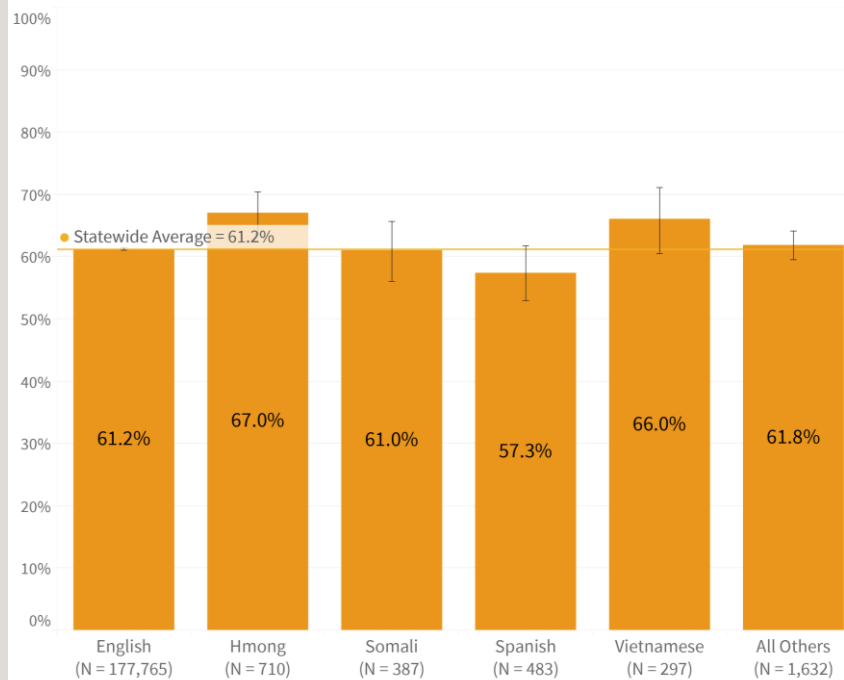
Statewide Average = 61.2%

Language	Rate
English (N = 177,765)	61.2%
Hmong (N = 710)	67.0%
Somali (N = 387)	61.0%
Spanish (N = 483)	57.3%
Vietnamese (N = 297)	66.0%
All Others (N = 1,632)	61.8%

Patients who speak **English, Hmong, Somali, Spanish or Vietnamese** make up the largest portion of the eligible population.

Patients who speak **Hmong** have **significantly higher** rates of optimal vascular care compared to the statewide average.

45.3%
English-speaking Black/African American patients

61.7%
Non-English-speaking Black/African American patients

Non-English-speaking Black/African American patients have **significantly higher** rates of optimal vascular care compared to English-speaking Black/African American patients.

● Statewide average for patients with preferred language information available

OPTIMAL VASCULAR CARE
Country of Origin Summary
2019 Report Year (2018 dates of service)

Born in the U.S. vs. Born Outside the U.S.
By Optimal Vascular Component

Blood Pressure Control	U.S.- born	83.9%
	Foreign- born	81.2%
Daily Aspirin Use	U.S.- born	92.7%
	Foreign- born	91.3%
Statin Use	Foreign- born	92.3%
	U.S.- born	91.7%
Tobacco-free	Foreign- born	89.8%
	U.S.- born	81.9%
Optimal Care	Foreign- born	63.8%
	U.S.- born	61.0%

Patients born outside the United States have **significantly lower rates of optimal blood pressure control** compared to patients born in the United States.

Patients born in the United States have **significantly lower rates of being tobacco- free** compared to patients born outside the United States.

● Statewide average for patients with country of origin information available

Optimal Vascular Care
By Country of Origin

Statewide Average = 61.1%

India (N = 402)	Laos (N = 915)	Somalia (N = 454)	United States (N = 162,014)	Vietnam (N = 389)	All Others (N = 5,160)
76.6%	65.0%	60.1%	61.0%	69.2%	62.5%
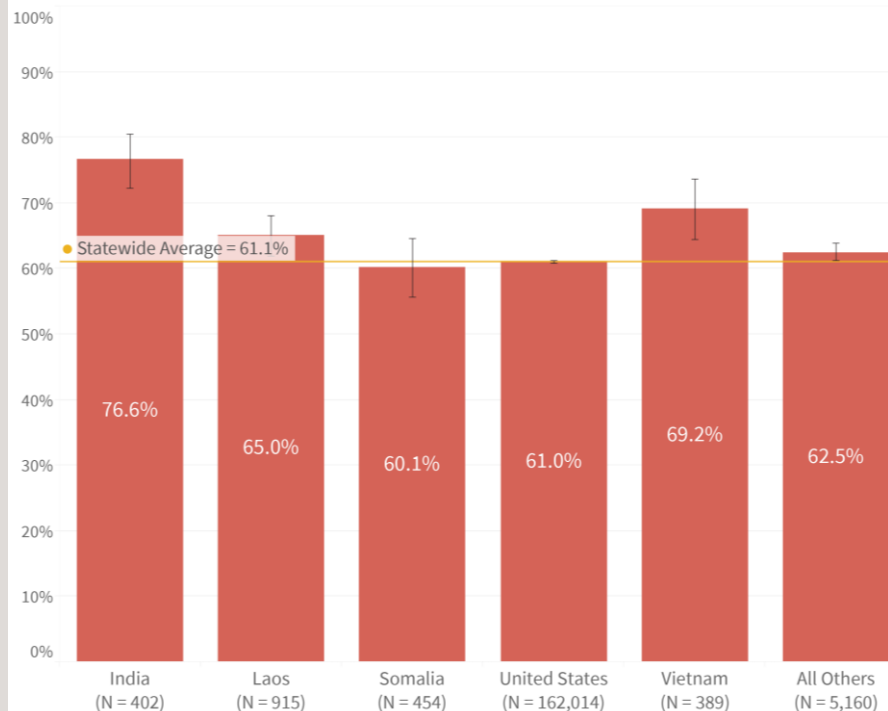
Patients from **India, Laos, Somalia, United States and Vietnam** make up the largest portion of the eligible population.

Among these patients, those from **India, Laos and Vietnam have significantly higher** rates of optimal vascular care.

47.3% American Indian/ Alaskan Native patients born in U.S.

68.8% American Indian/ Alaskan Native patients born outside U.S.

42.7% Black/ African American patients born in U.S.

62.2% Black/ African American patients born outside U.S.

American Indian/Alaskan Native patients born in the United States have **significantly lower** rates of optimal vascular care compared to American Indian/ Alaskan Native patients born outside the United States.

Black/African American patients born in the United States have **significantly lower** rates of optimal vascular care compared to Black/African American patients born outside the United States.

OPTIMAL ASTHMA CONTROL - ADULTS
Race/Ethnicity Summary
2019 Report Year (2018 dates of service)

Optimal Asthma Control - Adults
By Race/Ethnicity

Statewide average for patients with race/ethnicity information available
Race average = 53.5%   Ethnicity average = 53.6%

American Indian/Alaskan Native, Black/African American, Multi-Race and Hispanic/Latino adult patients have **significantly lower** rates of optimal asthma control compared to the race/ethnicity average.

White adult females have **significantly higher** rates of optimal asthma control compared to white adult males.

OPTIMAL ASTHMA CONTROL - ADULTS

Preferred Language Summary

2019 Report Year (2018 dates of service)

Optimal Asthma Control - Adults
By Preferred Language

Chart: Optimal Asthma Control - Adults by Preferred Language

- Statewide Average = 53.6%
- English (N = 129,651): 54.0%
- Hmong (N = 127): 34.6%
- Karen (N = 159): 44.7%
- Somali (N = 573): 37.9%
- Spanish (N = 508): 25.0%
- All Others (N = 753): 37.7%

Patients who speak **English, Hmong, Karen, Somali or Spanish** make up the largest portion of the eligible adult population.

Adult patients who speak **Hmong, Karen, Somali or Spanish** have **significantly lower** rates of optimal asthma control compared to the statewide average.

55.1%
English-speaking adult Asian patients

44.0%
Non-English-speaking adult Asian patients

English-speaking adult Asian patients have **significantly higher** rates of optimal asthma control compared to non-English-speaking Asian adult patients.

55.9%
English-speaking adult White patients

32.2%
Non-English-speaking adult White patients

English-speaking adult White patients have **significantly higher** rates of optimal asthma control compared to non-English-speaking White adult patients.

- Statewide average for patients with preferred language information available

OPTIMAL ASTHMA CONTROL - ADULTS
Country of Origin Summary
2019 Report Year (2018 dates of service)

Optimal Asthma Control - Adults
By Country of Origin

Statewide Average = 52.9%

Country	Rate
India (N = 333)	53.8%
Mexico (N = 403)	29.0%
Somalia (N = 749)	42.7%
South Korea (N = 273)	57.5%
United States (N = 112,714)	53.2%
All Others (N = 3,485)	47.4%

Patients from **India, Mexico, Somalia, South Korea or the United States** make up the largest portion of the eligible adult population.

Adult patients from **Mexico and Somalia** have **significantly lower** rates of optimal asthma control compared to the statewide average.

37.8% Black/ African American adults born in U.S.

45.9% Black/African American adults outside U.S.

Black/African American adults born in the United States have **significantly lower** rates of optimal asthma control compared to Black/African American adults born outside the United States.
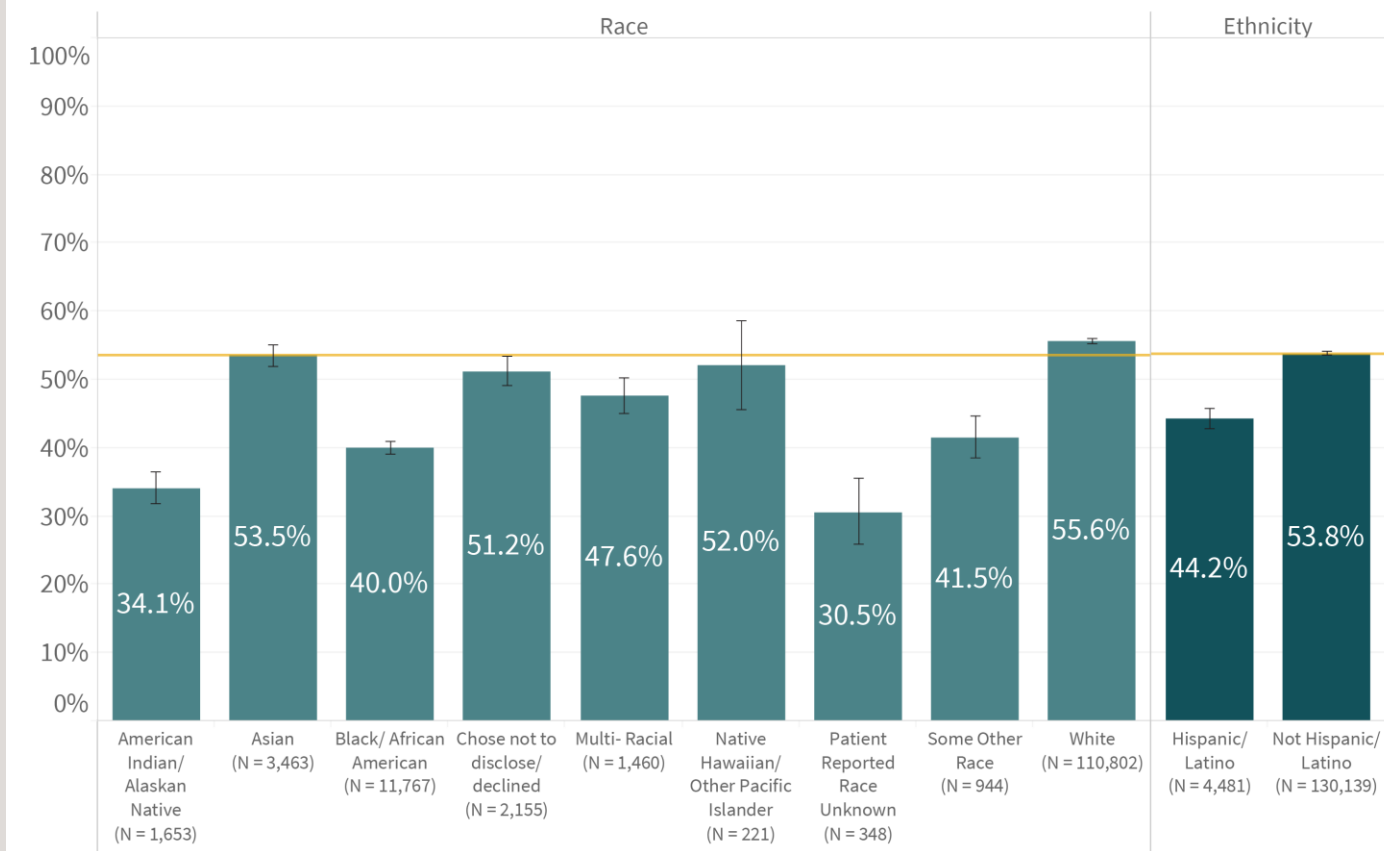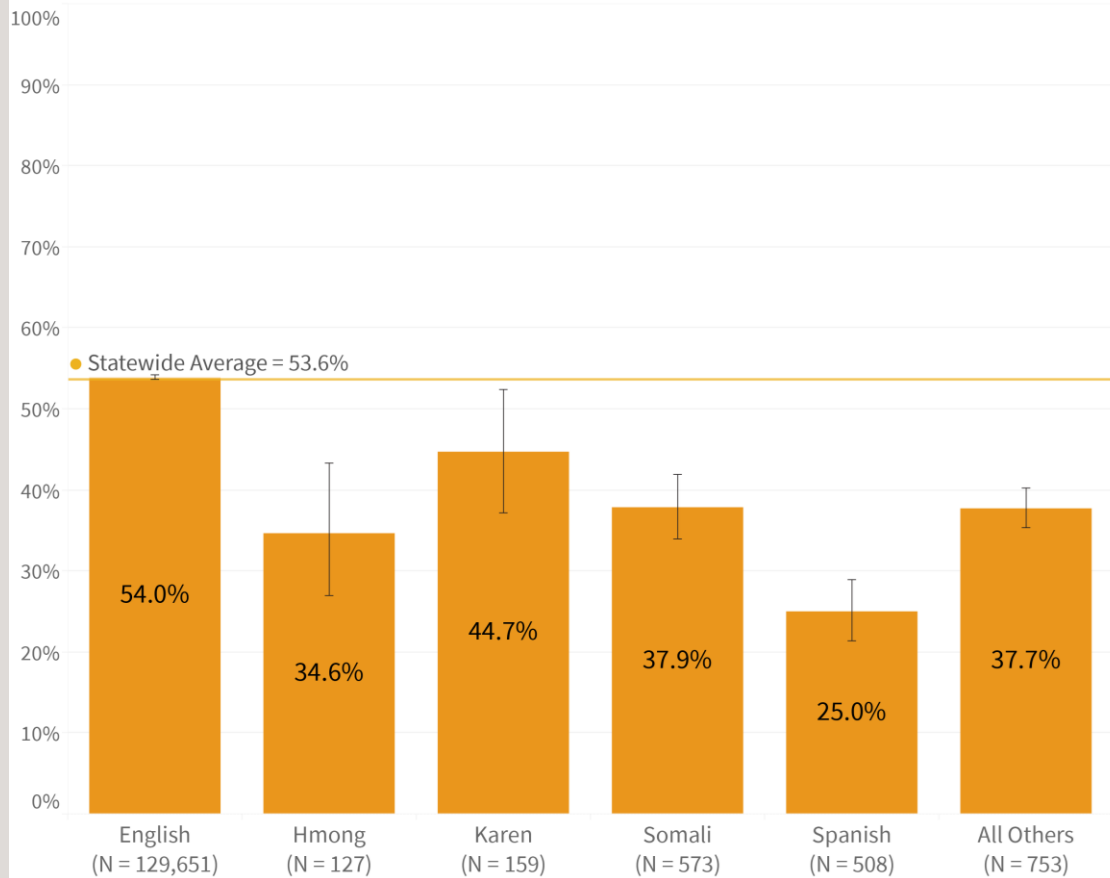
55.1% White adults born in U.S.

44.7% White adults born outside U.S.

White adults born in the United States have **significantly higher** rates of optimal asthma control compared to White adults born outside of the United States.

● Statewide average for patients with country of origin information available

OPTIMAL ASTHMA CONTROL - CHILDREN

Race/Ethnicity Summary

2019 Report Year (2018 dates of service)

Optimal Asthma Control - Children
By Race/Ethnicity

Statewide average for patients with race/ethnicity information available
Race average = 60.0%   Ethnicity average = 60.3%
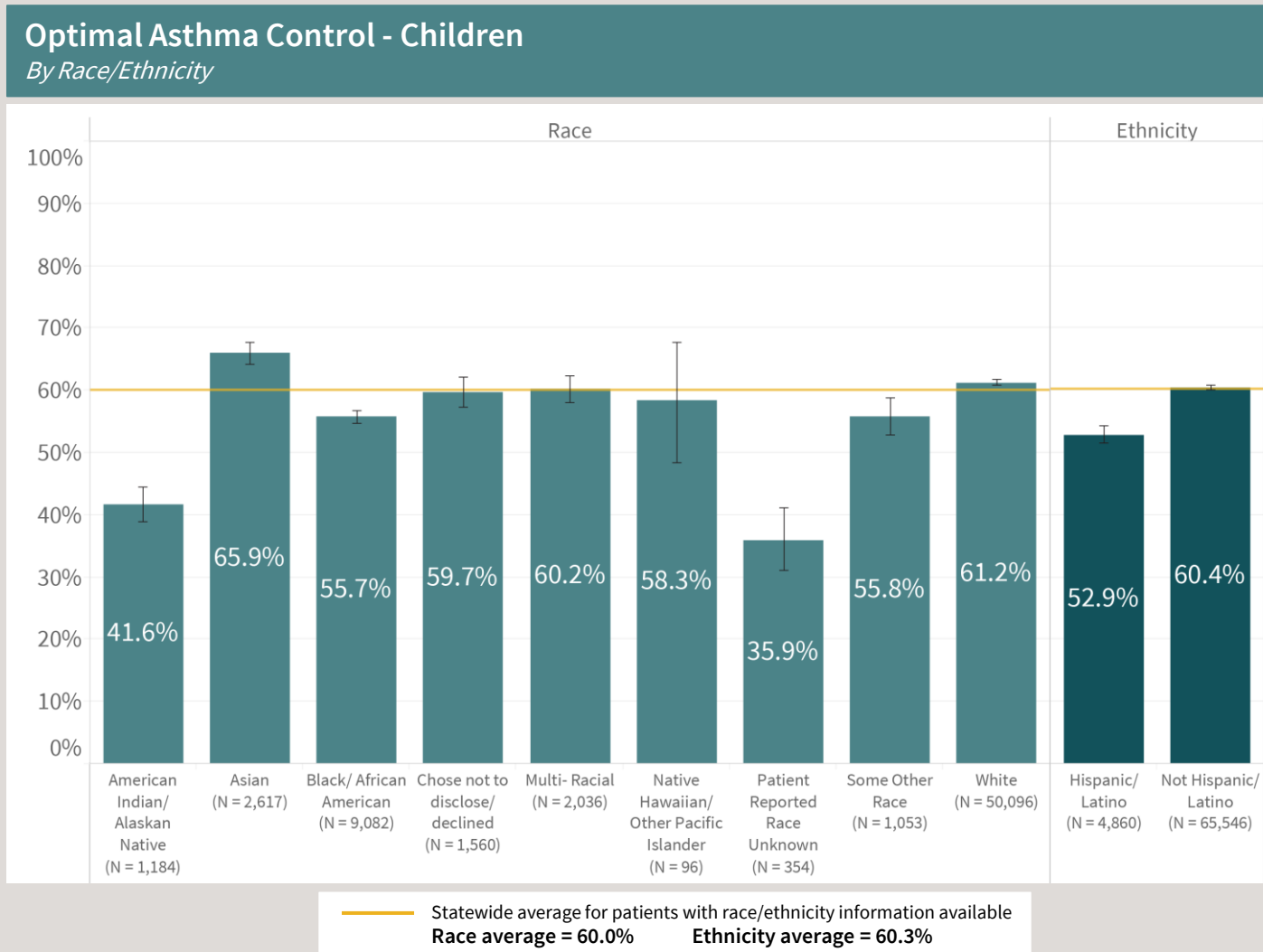
American Indian/Alaskan Native, Black/African American, and Hispanic/Latino children have **significantly lower** rates of optimal asthma control compared to the race/ethnicity average.

White male children have **significantly higher** rates of optimal asthma control compared to white female children.

OPTIMAL ASTHMA CONTROL - CHILDREN
Preferred Language Summary
2019 Report Year (2018 dates of service)

Optimal Asthma Control - Children
By Preferred Language

Statewide Average = 60.1%

English (N = 129,651)	Hmong (N = 120)	Karen (N = 159)	Somali (N = 573)	Spanish (N = 508)	All Others (N = 753)
60.5%	42.5%	50.2%	58.9%	43.4%	51.9%

Patients who speak **English, Hmong, Karen, Somali or Spanish** make up the largest portion of the eligible child population.

Children who speak **Hmong, Karen or Spanish** have **significantly lower** rates of optimal asthma control compared to the statewide average.

● Statewide average for patients with preferred language information available

68.8%
English-speaking Asian children

56.8%
Non-English-speaking Asian children

English-speaking Asian children have **significantly higher** rates of optimal asthma control compared to non-English-speaking Asian children.

52.2%
English-speaking Black/African American children

59.2%
Non-English-speaking Black/ African American children

English-speaking Black/African American children have **significantly lower** rates of optimal asthma control compared to non-English-speaking Black/African American children.

61.7%
English-speaking White children

41.6%
Non-English-speaking White children

English-speaking White children have **significantly higher** rates of optimal asthma control compared to non-English-speaking White children.
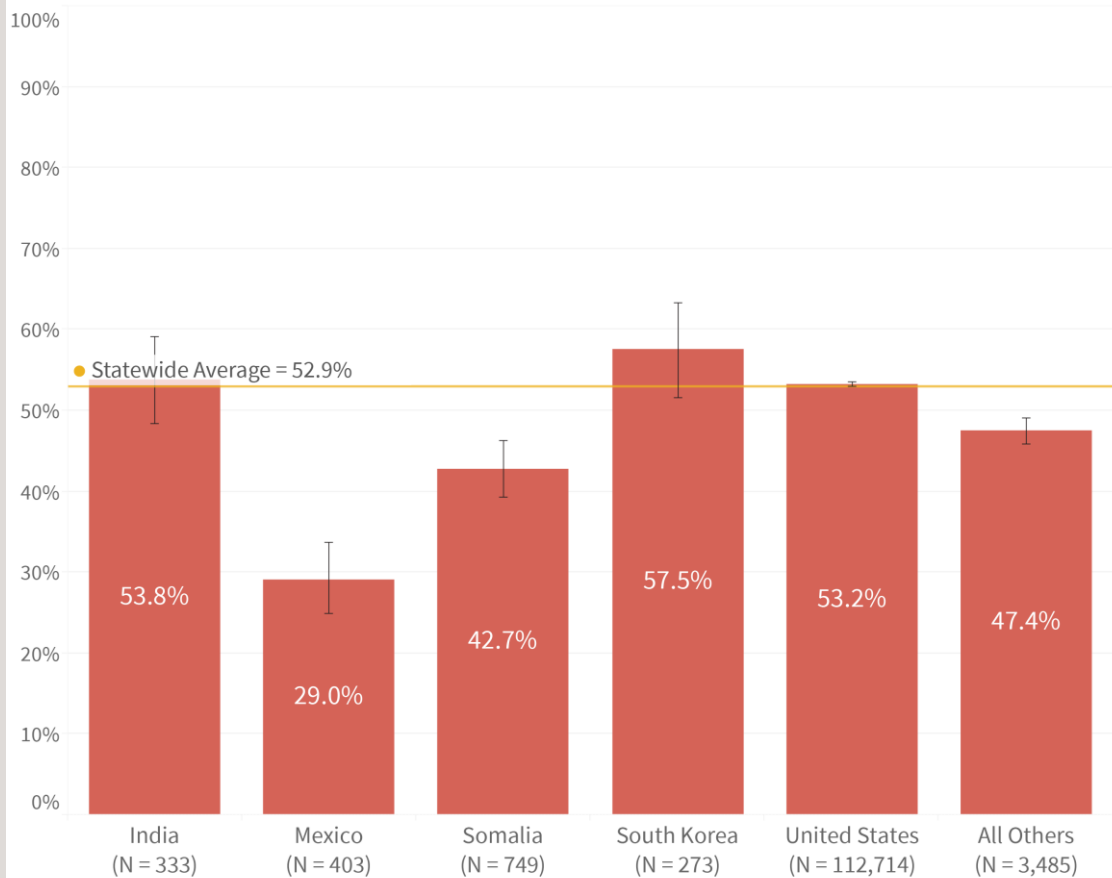
OPTIMAL ASTHMA CONTROL - CHILDREN
Country of Origin Summary
2019 Report Year (2018 dates of service)

Optimal Asthma Control - Children
By Country of Origin
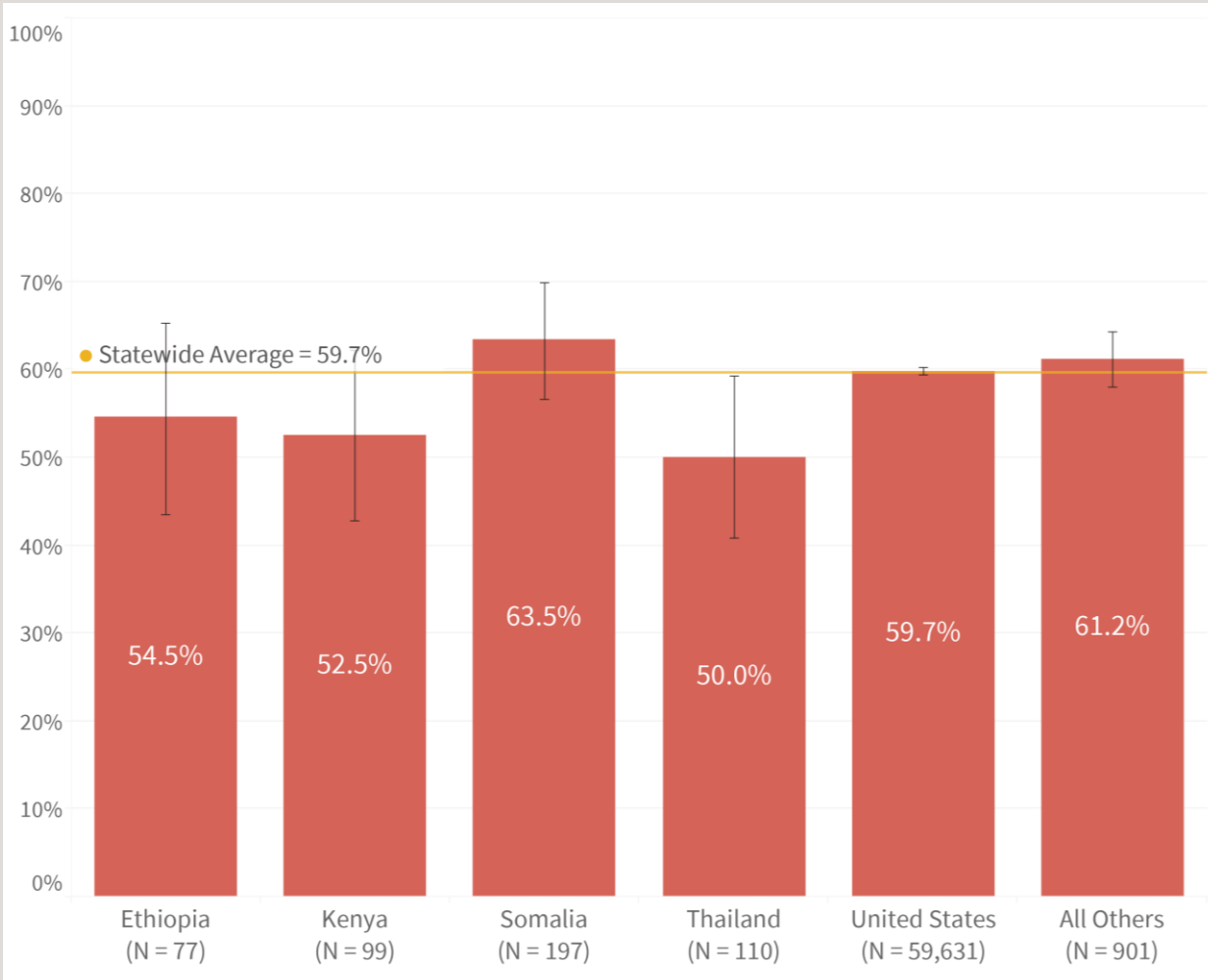
Statewide Average = 59.7%

Ethiopia (N = 77)	54.5%
Kenya (N = 99)	52.5%
Somalia (N = 197)	63.5%
Thailand (N = 110)	50.0%
United States (N = 59,631)	59.7%
All Others (N = 901)	61.2%

Statewide average for patients with country of origin information available

61.0% White children born in U.S.
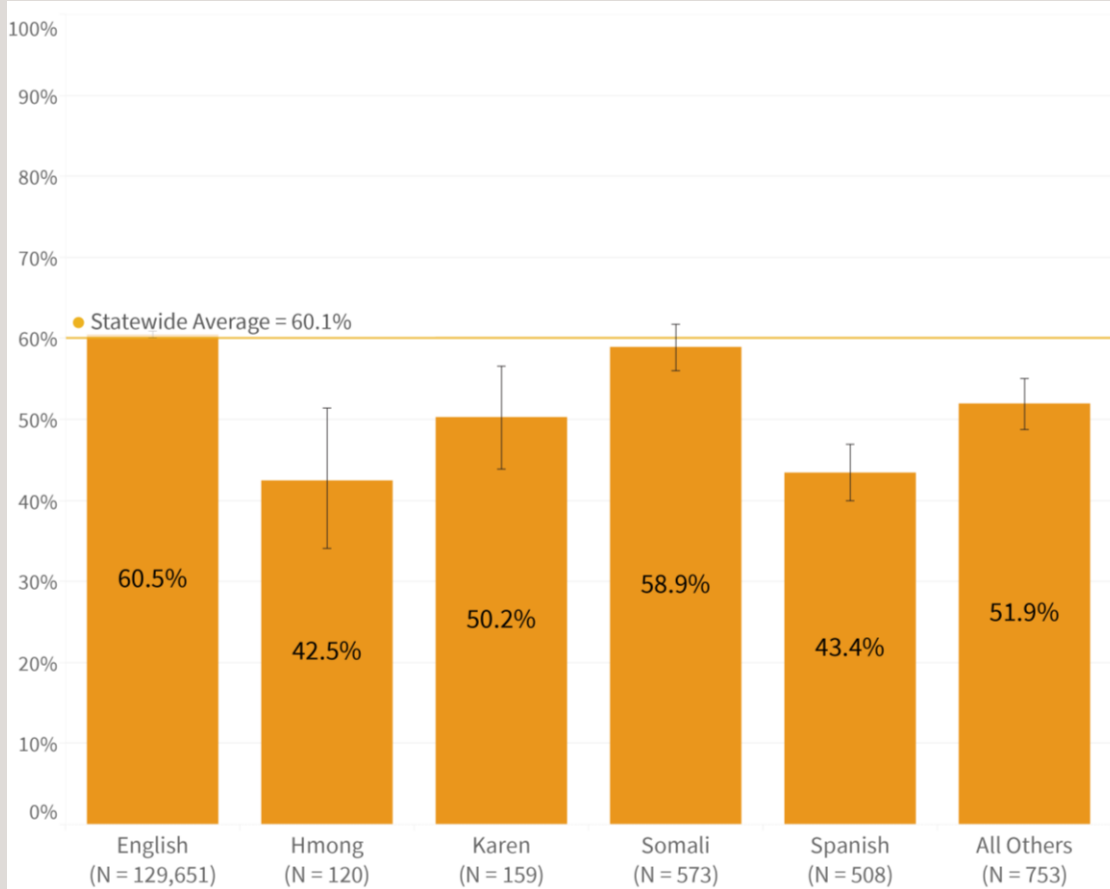
54.3% White children born outside U.S.
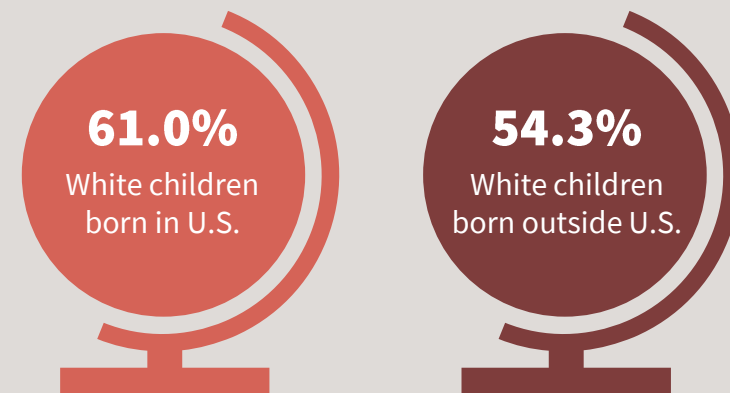
White children born in the United States have **significantly higher** rates of optimal asthma control compared to White children outside the United States.

Patients from **Ethiopia, Kenya, Somalia, Thailand or the United States** make up the largest portion of the eligible child population.

Children from **Thailand** have **significantly lower** rates of optimal asthma control compared to the statewide average.

Adolescent Mental Health and/or Depression Screening

Race/Ethnicity Summary

2019 Report Year (2018 dates of service)

Adolescent Mental Health and/or Depression Screening
By Race/Ethnicity
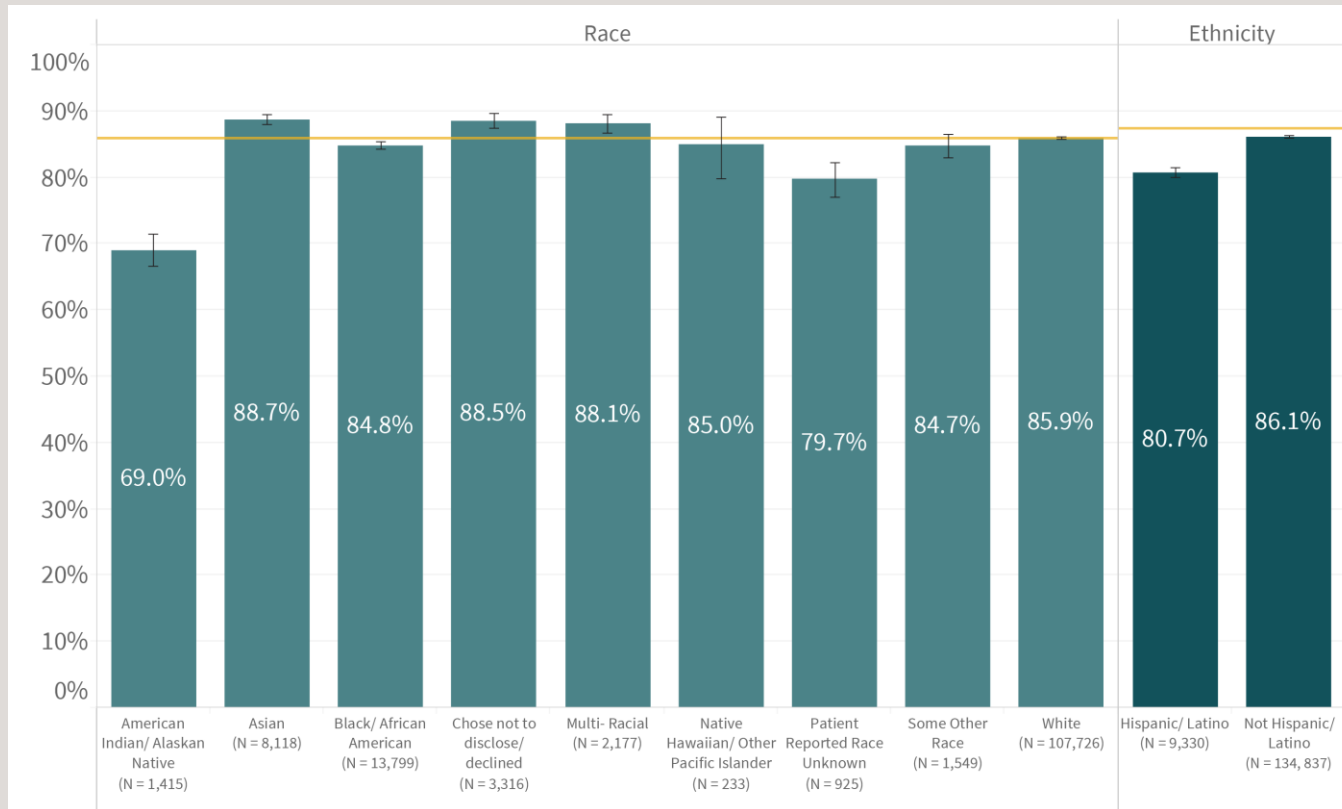
	Race	Ethnicity

Bar chart values:

- American Indian/ Alaskan Native (N = 1,415): 69.0%
- Asian (N = 8,118): 88.7%
- Black/ African American (N = 13,799): 84.8%
- Chose not to disclose/ declined (N = 3,316): 88.5%
- Multi- Racial (N = 2,177): 88.1%
- Native Hawaiian/ Other Pacific Islander (N = 233): 85.0%
- Patient Reported Race Unknown (N = 925): 79.7%
- Some Other Race (N = 1,549): 84.7%
- White (N = 107,726): 85.9%
- Hispanic/ Latino (N = 9,330): 80.7%
- Not Hispanic/ Latino (N = 134, 837): 86.1%

─── Statewide average for patients with race/ethnicity information available
Race average = 85.8%   **Ethnicity average = 87.4%**

American Indian/Alaskan Native, Black/African American and Hispanic/Latino patients have **significantly lower** rates of adolescent mental health and/or depression screening compared to the race/ethnicity average.

White female patients and American Indian/Alaskan Native female patients have **significantly higher** rates of adolescent mental health and/or depression screening compared to White male patients and American Indian/Alaskan Native male patients, respectively.

Adolescent Mental Health and/or Depression Screening

Preferred Language Summary

2019 Report Year (2018 dates of service)

Adolescent Mental Health and/or Depression Screening
By Preferred Language

Statewide Average = 85.9%

Language	Rate
English (N = 130,284)	86.1%
Hmong (N = 825)	81.8%
Karen (N = 630)	88.1%
Somali (N = 3,122)	83.6%
Spanish (N = 1,739)	75.0%
All Others (N = 1,877)	86.5%

Patients who speak **English, Hmong, Karen, Somali or Spanish** make up the largest portion of the eligible population.

Patients who speak **Hmong, Somali or Spanish** have **significantly lower** rates of adolescent mental health and/or depression screening compared to the statewide average.

86.1%
English-speaking White patients

77.0%
Non-English-speaking White patients

English-speaking White patients have **significantly higher** rates of adolescent mental health and/or depression screening compared to non-English-speaking White patients.

89.8%
English-speaking Asian patients

85.9%
Non-English-speaking Asian patients

English-speaking Asian patients have **significantly higher** rates of adolescent mental health and/or depression screening compared to non-English-speaking Asian patients.

Statewide average for patients with preferred language information available

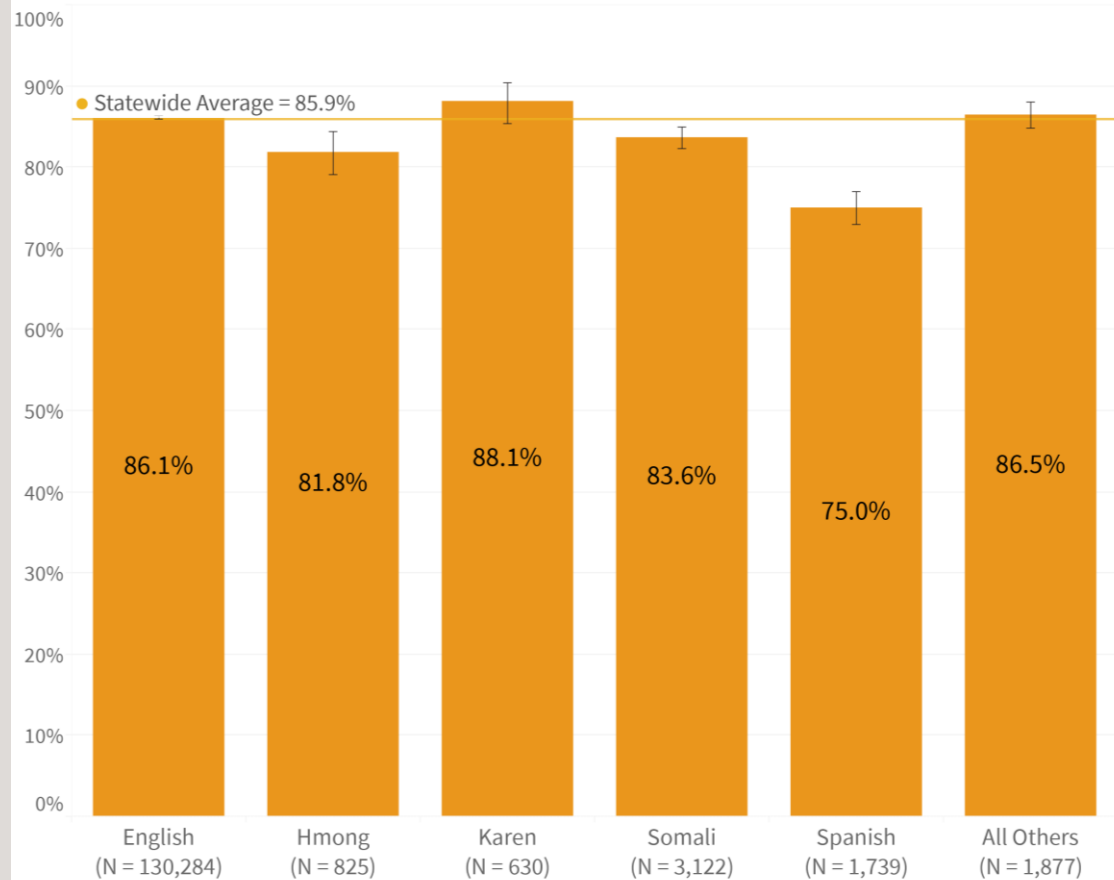# ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Country of Origin Summary

2019 Report Year (2018 dates of service)

Adolescent Mental Health and/or Depression Screening
By Country of Origin

Statewide Average = 85.6%

	Ethiopia (N = 602)	Kenya (N = 634)	Somalia (N = 852)	Thailand (N = 612)	United States (N = 116,030)	All Others (N = 4,145)
	80.4%	80.9%	78.5%	86.4%	85.7%	83.9%
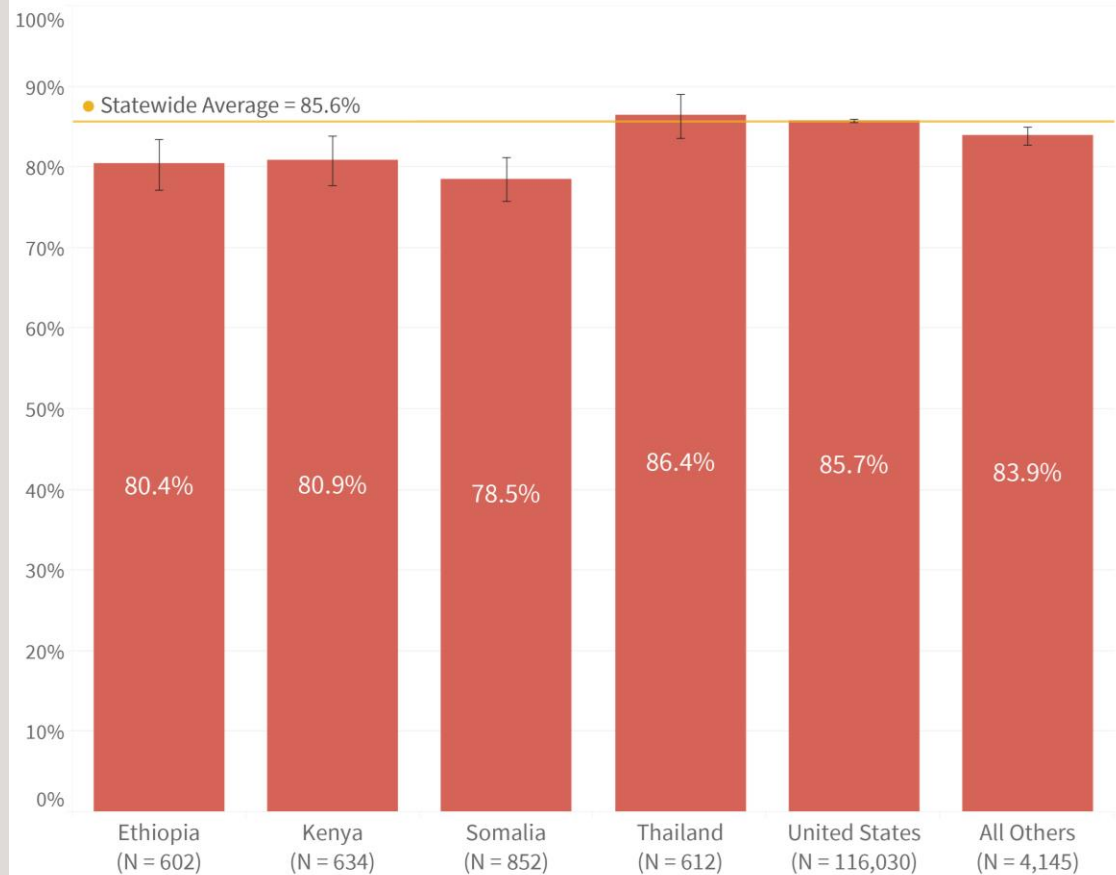
Patients from **Ethiopia, Kenya, Somalia, Thailand and the United States** make up the largest portion of the eligible population.

Patients from **Ethiopia, Kenya and Somalia** have **significantly lower** rates of adolescent mental health and/or depression screening compared to the statewide average.

85.4% Black/African American patients born in U.S.

81.2% Black/African American patients born outside U.S.

Black/African American patients born in the United States have **significantly higher** rates adolescent mental health and/or depression screening compared to Black/African American patients born outside the United States.

85.8% White patients born in U.S.

81.3% White patients born outside U.S.

White patients born in the United States have **significantly higher** rates adolescent mental health and/or depression screening compared to White patients born outside of the United States.

● Statewide average for patients with country of origin information available

ADULT DEPRESSION: SIX MONTH MEASURES
Race/Ethnicity Summary
2019 Report Year (2016 - 2018 dates of service)

Adult Depression: Follow-up at Six Months
By Race/Ethnicity
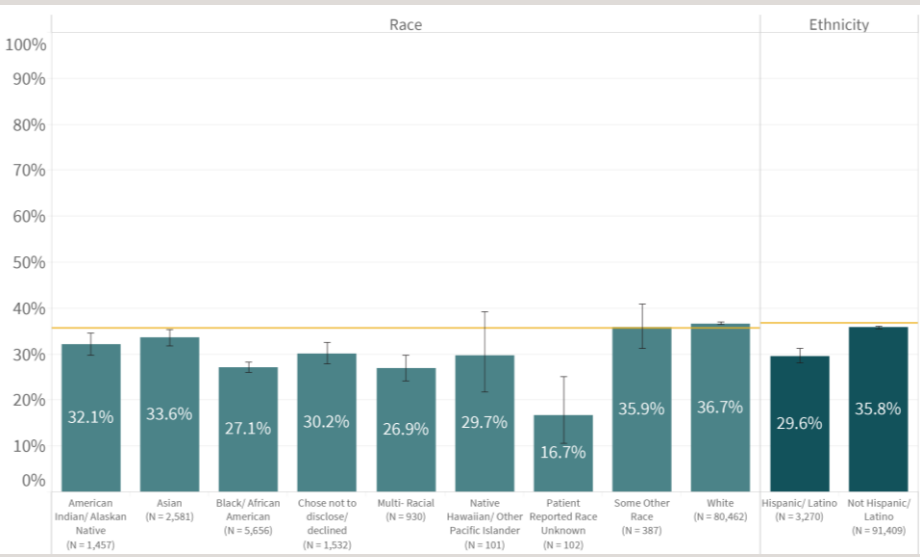
Statewide average for patients with race/ethnicity information available
Race average = 35.7%   **Ethnicity average = 36.7%**

American Indian/Alaskan Native, Asian, Black/African American and Hispanic/Latino patients have **significantly lower** rates of depression follow-up, response and remission at six months compared to the race/ethnicity averages.

White female patients have **significantly higher** rates of depression follow-up, response and remission at six months compared to White male patients.

Adult Depression: Response at Six Months
By Race/Ethnicity
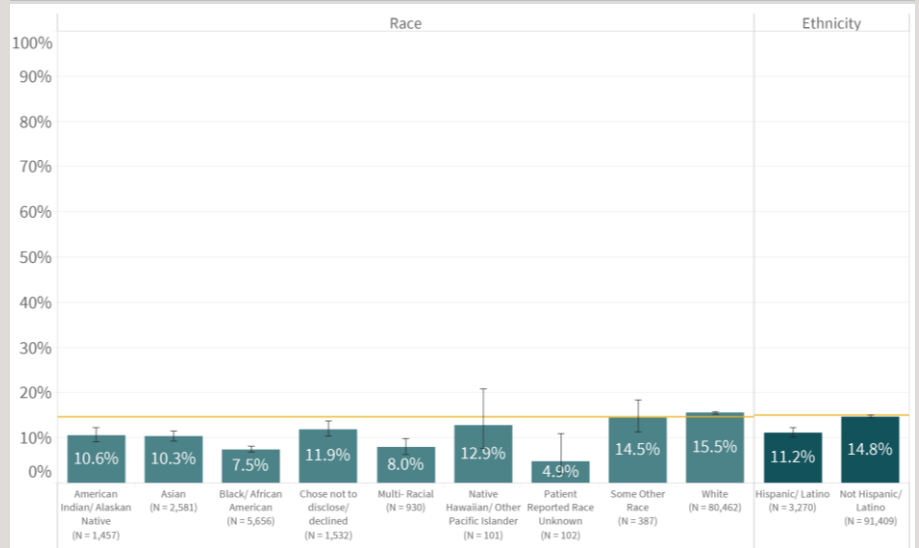
Statewide average for patients with race/ethnicity information available
Race average = 14.7%   **Ethnicity average = 15.1%**

Adult Depression: Remission at Six Months
By Race/Ethnicity
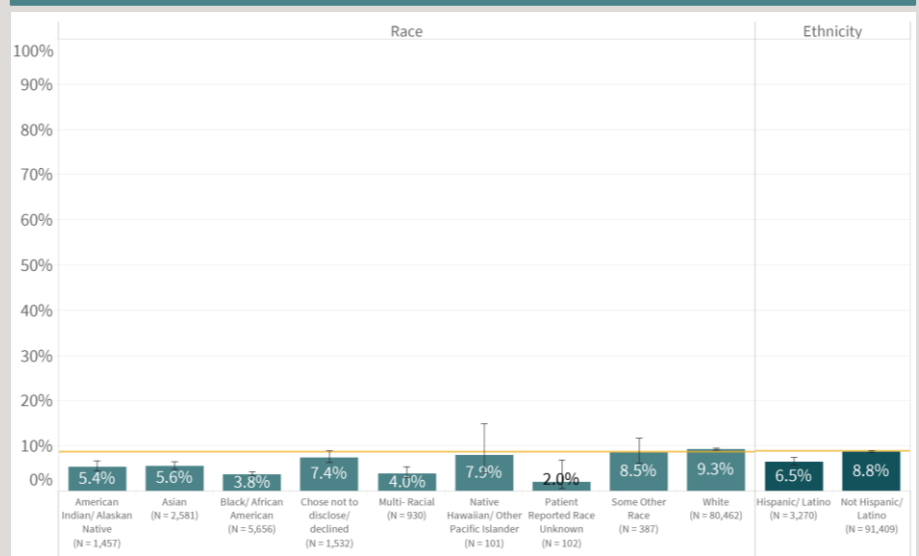
Statewide average for patients with race/ethnicity information available
Race average = 8.7%   **Ethnicity average = 8.9%**

ADULT DEPRESSION: SIX MONTH MEASURES
Preferred Language Summary
2019 Report Year (2016 - 2018 dates of service)

Adult Depression: Six Month Measures
By Preferred Language

Adult Depression: Follow-up at Six Months

Statewide Average = 35.7%

Language	Rate
Arabic	39.7%
English	35.8%
Hmong	37.2%
Somali	26.7%
Spanish	30.5%
All Others	36.4%

Adult Depression: Response at Six Months

Statewide Average = 14.7%

Language	Rate
Arabic	4.6%
English	14.8%
Hmong	5.8%
Somali	11.1%
Spanish	9.5%
All Others	12.1%

Adult Depression: Remission at Six Months

Statewide Average = 8.7%

Language	Rate
Arabic	1.7%
English	8.8%
Hmong	2.7%
Somali	7.8%
Spanish	6.1%
All Others	7.2%

Arabic (N = 174)
English (N = 89,594)
Hmong (N = 665)
Somali (N = 179)
Spanish (N = 458)
All Others (N = 890)

● Statewide average for patients with preferred language information available

14.8% English-speaking patients

9.2% Non-English-speaking patients

Statewide, **English-speaking patients** have **significantly higher** rates of **response to depression treatment at six months** compared to non-English-speaking patients.

8.8% English-speaking patients

5.3% Non-English-speaking patients

Statewide, **English-speaking patients** have **significantly higher** rates of **remission at six months** compared to non-English-speaking patients.

Patients who speak **Arabic, English, Hmong, Somali or Spanish** make up the largest portion of the eligible population.

Patients who speak **Somali** are **significantly below** the statewide average for follow-up at six months; however, the response and remission rates at six months are average.

Patients who speak **Spanish** are **significantly below** the statewide average for both follow-up at six months and response to treatment at six months

ADULT DEPRESSION: SIX MONTH MEASURES
Country of Origin Summary
2019 Report Year (2016 - 2018 dates of service)

Adult Depression: Six Month Measures
By Country of Origin

Adult Depression: Follow-up at Six Months — Statewide Average = 34.3%
- Iraq: 46.2%
- Laos: 34.4%
- Mexico: 32.0%
- Somalia: 23.9%
- United States: 34.4%
- All Others: 32.4%

Adult Depression: Response at Six Months — Statewide Average = 13.7%
- Iraq: 5.6%
- Laos: 5.1%
- Mexico: 10.3%
- Somalia: 10.2%
- United States: 13.9%
- All Others: 11.8%

Adult Depression: Remission at Six Months — Statewide Average = 8.1%
- Iraq: 2.1%
- Laos: 2.5%
- Mexico: 6.2%
- Somalia: 6.3%
- United States: 8.2%
- All Others: 7.1%

Iraq (N = 195)
Laos (N = 642)
Mexico (N = 406)
Somalia (N = 255)
United States (N = 76, 998)
All Others (N = 2,874)

● Statewide average for patients with country of origin information available

13.9% Patients born in U.S.

10.3% Patients born outside U.S.

Patients born in the United States have **significantly higher** rates of **response to treatment at six months** compared to patients born outside the United States.
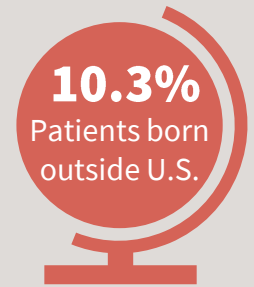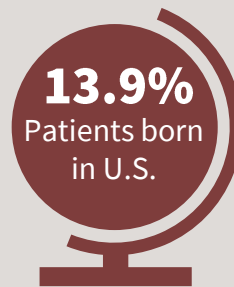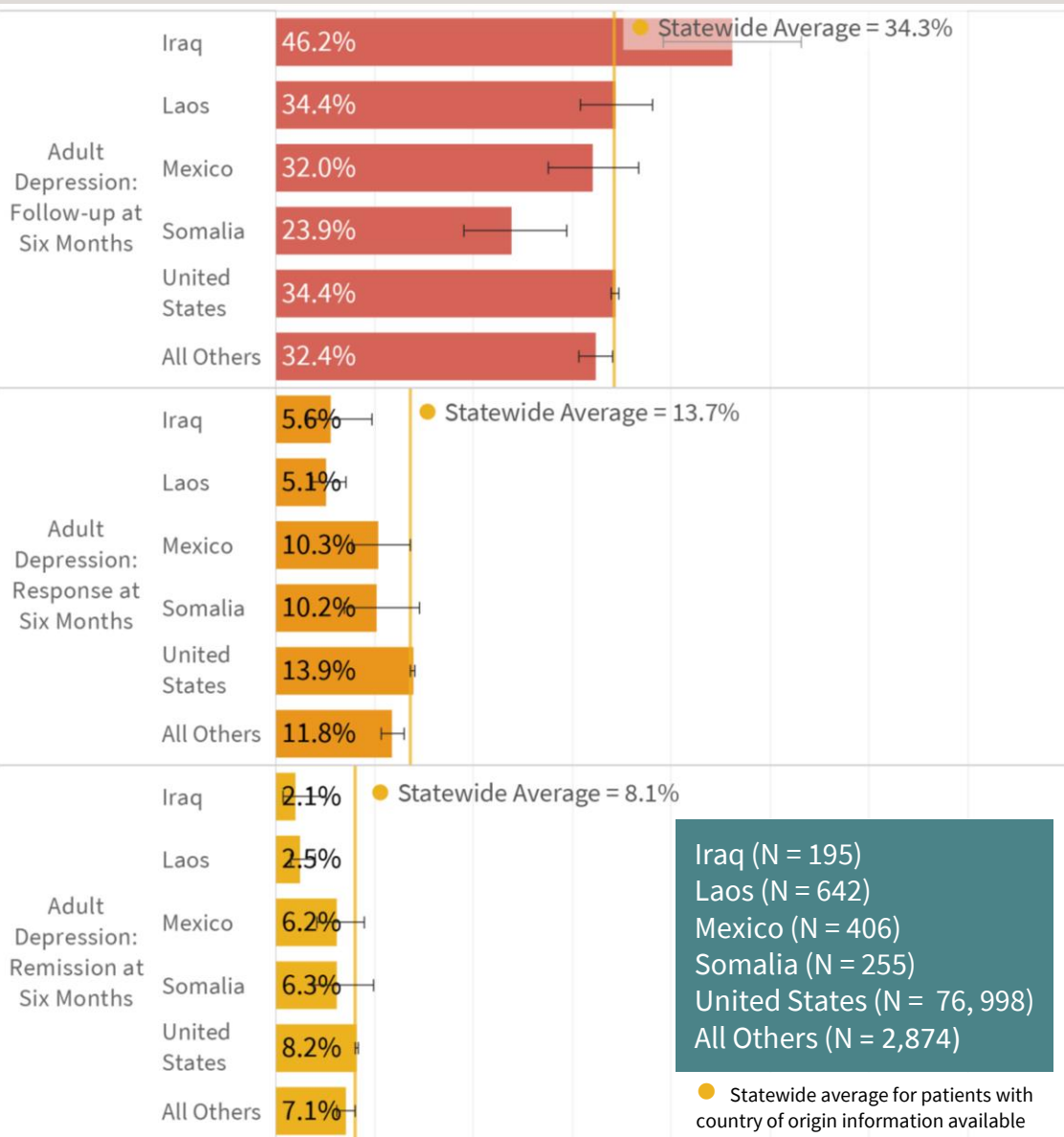
8.2% Patients born in U.S.

6.0% Patients born outside U.S.
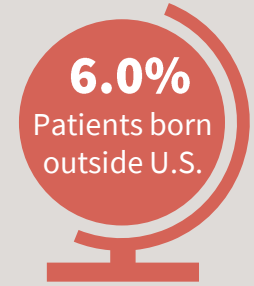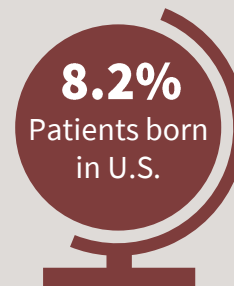
Patients born in the United States have **significantly higher** rates of **remission at six months** compared to patients born outside the United States.

Patients from **Iraq, Laos, Mexico, Somalia or the United States** make up the largest portion of the eligible population.

Patients from **Somalia** are **significantly below** the statewide average for follow-up at six months; however, the response and remission rates at six months are average.

Patients from **Laos** are **significantly below** the statewide average for both response to treatment and remission at six months.

Race/Ethnicity Summary
2019 Report Year (2016- 2018 dates of service)

### Adult Depression: Follow-up at 12 Months
By Race/Ethnicity

Race									Ethnicity	
American Indian/ Alaskan Native (N = 1,457)	Asian (N = 2,581)	Black/ African American (N = 5,656)	Chose not to disclose/ declined (N = 1,532)	Multi- Racial (N = 930)	Native Hawaiian/ Other Pacific Islander (N = 101)	Patient Reported Race Unknown (N = 102)	Some Other Race (N = 387)	White (N = 80,462)	Hispanic/ Latino (N = 3,270)	Not Hispanic/ Latino (N = 91,409)
25.2%	29.4%	23.2%	26.0%	21.6%	27.7%	13.7%	28.7%	32.1%	21.4%	31.3%

Statewide average for patients with race/ethnicity information available
Race average = 31.1%   **Ethnicity average = 31.9%**

American Indian/Alaskan Native, Black/African American, Multi-Race and Hispanic/Latino patients have **significantly lower** rates of depression follow-up, response and remission at 12 months compared to the race/ethnicity averages.

White female patients have **significantly higher** rates of depression follow-up, response and remission at 12 months compared to White male patients.

Black/African American female patients have **significantly higher** rates of follow-up at 12 months compared to Black/African American male patients.

Adult Depression: Response at 12 Months
By Race/Ethnicity

Race									Ethnicity	
American Indian/ Alaskan Native (N = 1,457)	Asian (N = 2,581)	Black/ African American (N = 5,656)	Chose not to disclose/ declined (N = 1,532)	Multi- Racial (N = 930)	Native Hawaiian/ Other Pacific Islander (N = 101)	Patient Reported Race Unknown (N = 102)	Some Other Race (N = 387)	White (N = 80,462)	Hispanic/ Latino (N = 3,270)	Not Hispanic/ Latino (N = 91,409)
7.5%	8.7%	6.9%	12.1%	7.2%	13.9%	4.9%	11.6%	13.9%	8.5%	13.2%

Statewide average for patients with race/ethnicity information available
Race average = 13.1%   **Ethnicity average = 13.4%**

Adult Depression: Remission at 12 Months
By Race/Ethnicity

Race									Ethnicity	
American Indian/ Alaskan Native (N = 1,457)	Asian (N = 2,581)	Black/ African American (N = 5,656)	Chose not to disclose/ declined (N = 1,532)	Multi- Racial (N = 930)	Native Hawaiian/ Other Pacific Islander (N = 101)	Patient Reported Race Unknown (N = 102)	Some Other Race (N = 387)	White (N = 80,462)	Hispanic/ Latino (N = 3,270)	Not Hispanic/ Latino (N = 91,409)
4.1%	4.4%	3.5%	5.9%	3.5%	5.9%	0.0%	7.0%	8.6%	4.7%	8.0%

Statewide average for patients with race/ethnicity information available
Race average = 8.0%   **Ethnicity average = 8.1%**

Preferred Language Summary
2019 Report Year (2016 - 2018 dates of service)

Adult Depression: 12 Month Measures
By Preferred Language

Adult Depression: Follow-up at 12 Months
Statewide Average = 31.1%

Language	Value
Arabic	25.3%
English	31.2%
Hmong	32.8%
Somali	21.1%
Spanish	15.6%
All Others	30.6%

Adult Depression: Response at 12 Months
Statewide Average = 13.1%

Language	Value
Arabic	5.2%
English	13.3%
Hmong	5.4%
Somali	7.8%
Spanish	5.8%
All Others	10.1%

Adult Depression: Remission at 12 Months
Statewide Average = 8.0%

Language	Value
Arabic	2.9%
English	8.1%
Hmong	2.4%
Somali	5.0%
Spanish	3.2%
All Others	5.2%

Arabic (N = 174)
English (N = 90,469)
Hmong (N = 667)
Somali (N = 180)
Spanish (N = 462)
All Others (N = 893)

● Statewide average for patients with preferred language information available

31.2% English- speaking patients

Statewide, **English-speaking patients** have **significantly higher** rates of **follow-up at 12 months** compared to non-English-speaking patients.

27.2% Non- English-speaking patients

13.3% English- speaking patients

Statewide, **English-speaking patients** have **significantly higher** rates of **response to treatment at 12 months** compared to non-English speaking patients.

7.4% Non- English-speaking patients

8.1% English- speaking patients

Statewide, **English-speaking patients** have **significantly higher** rates of **remission at 12 months** compared to non-English-speaking patients.

3.8% Non- English-speaking patients

Patients who speak **Arabic, English, Hmong, Somali or Spanish** make up the largest portion of the eligible population.

Patients who speak **Spanish** are **significantly below** the statewide average for follow-up, response and remission at 12 months.

While the rate of follow-up at 12 months for patients who speak **Hmong** is average, these patients have rates that are **significantly below** average for both response and remission at 12 months.
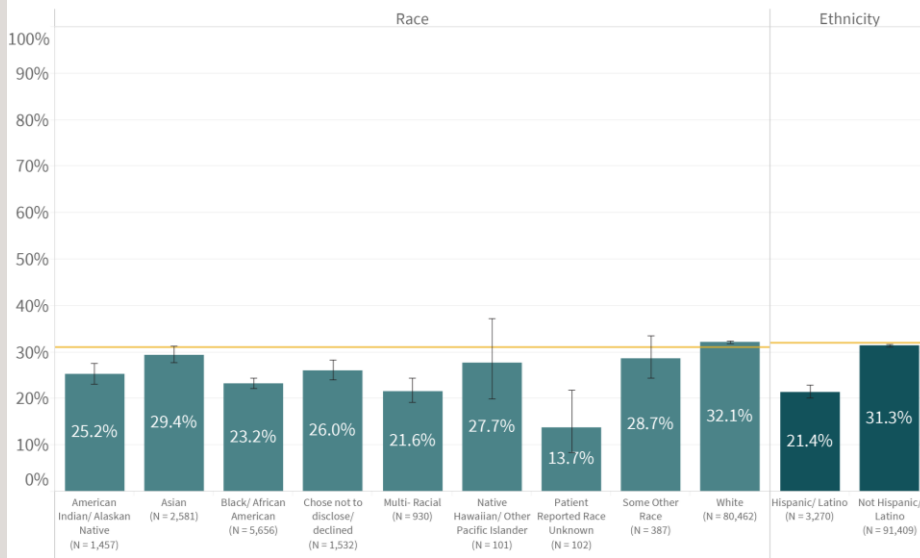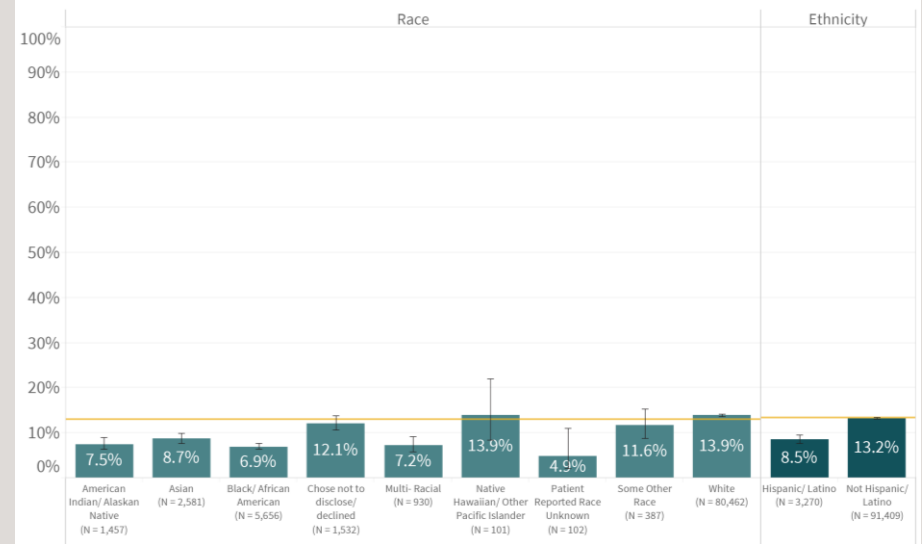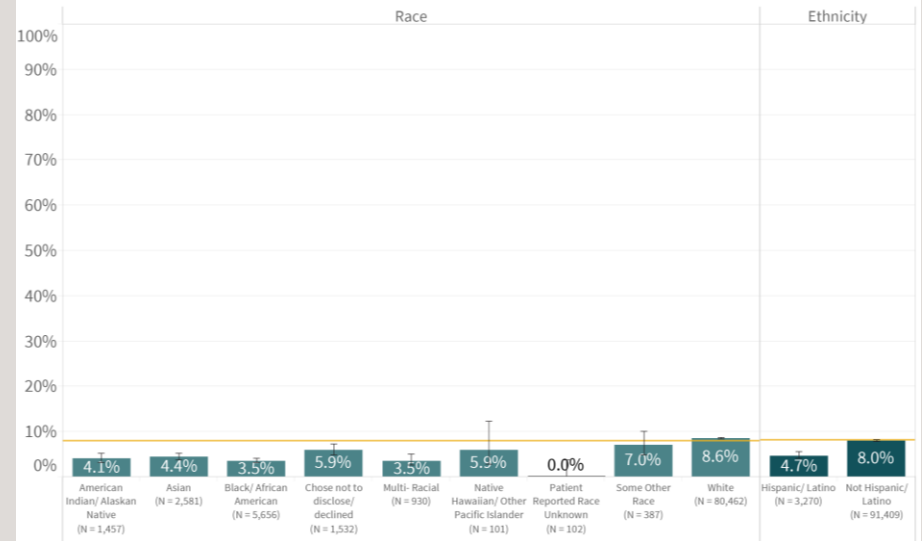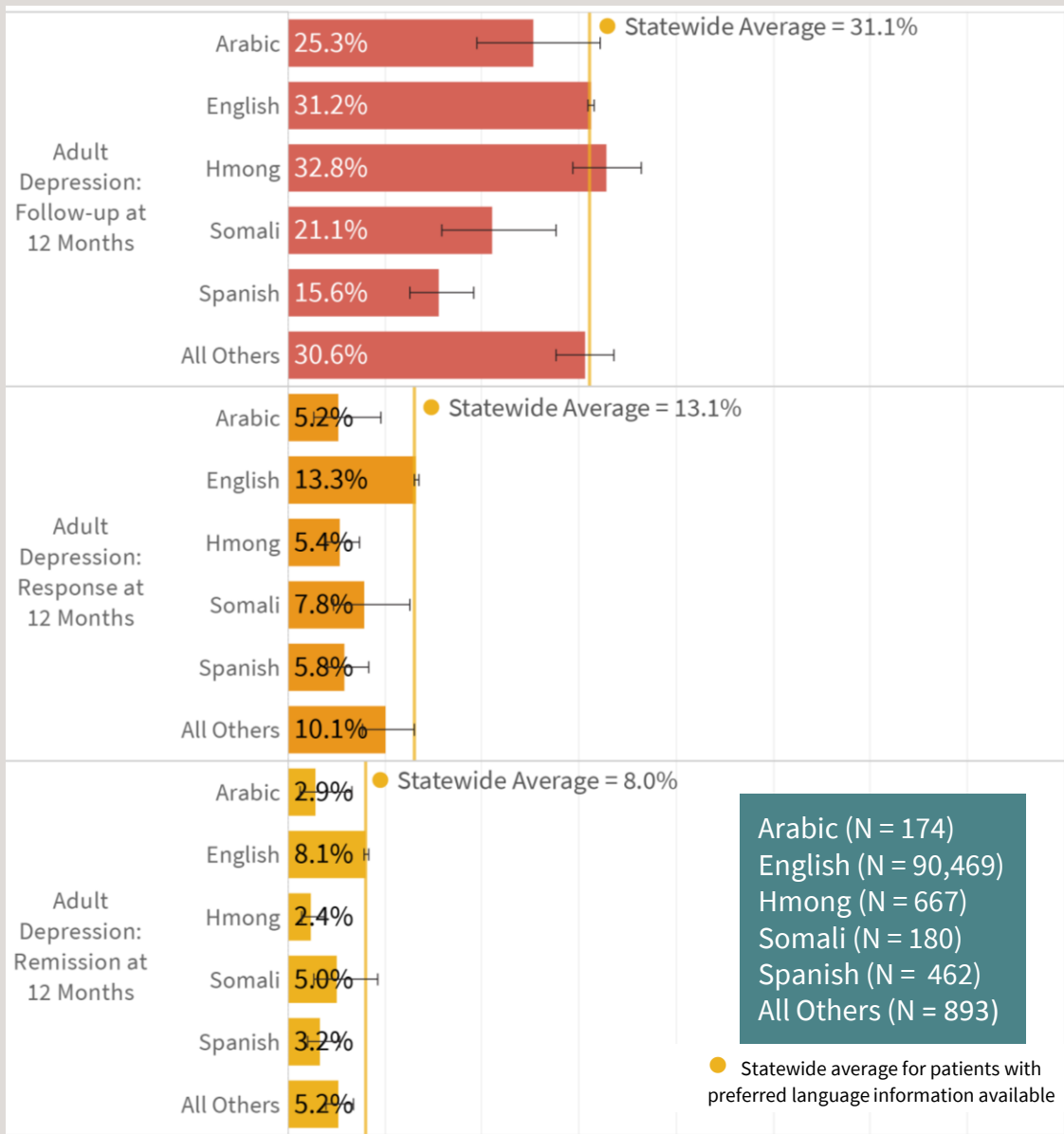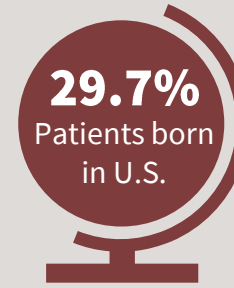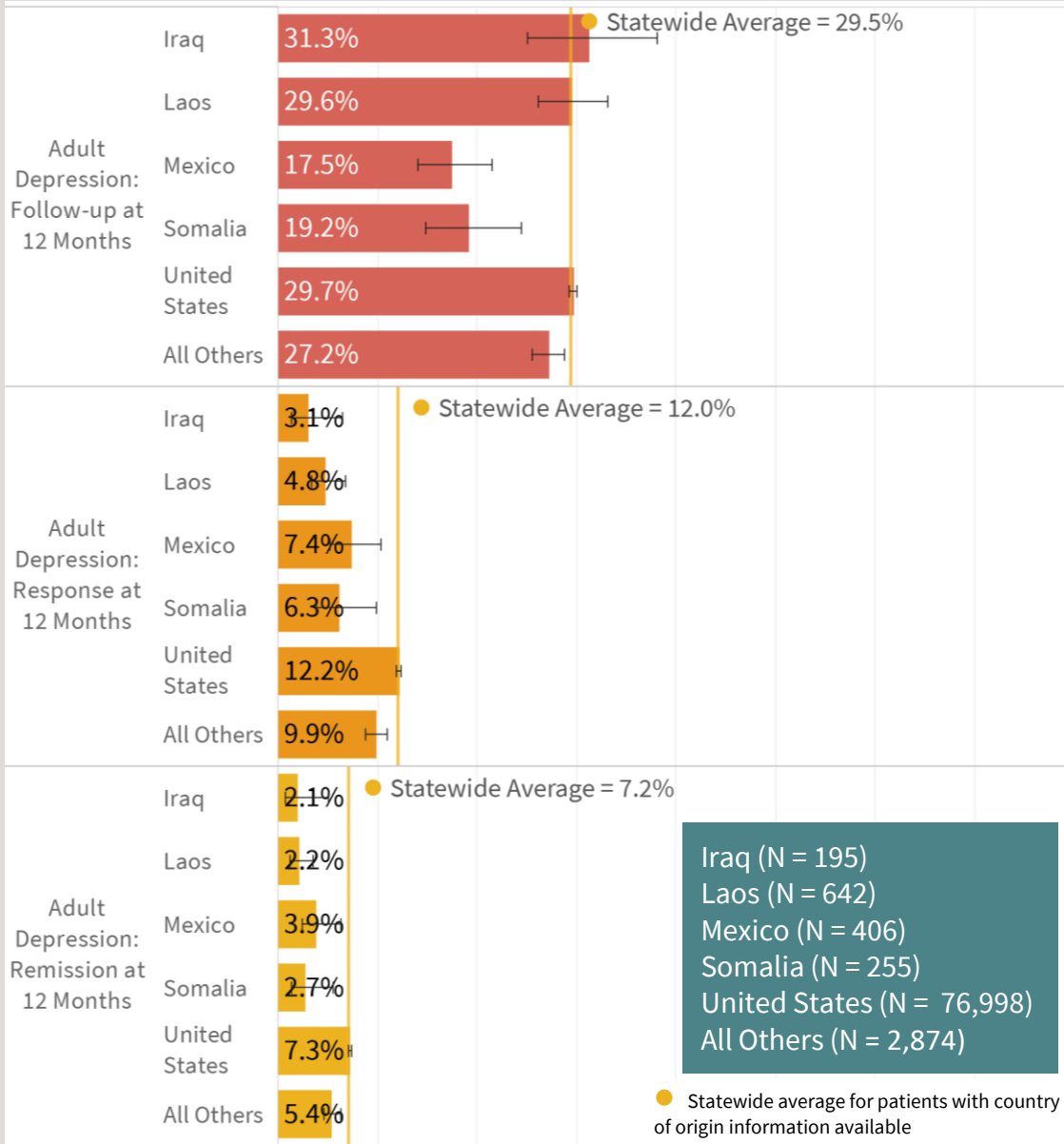
ADULT DEPRESSION: 12 MONTH MEASURES
Country of Origin Summary
2019 Report Year (2016 - 2018 dates of service)

Adult Depression: 12 Month Measures
By Country of Origin

Adult Depression: Follow-up at 12 Months — Statewide Average = 29.5%

Country	Rate
Iraq	31.3%
Laos	29.6%
Mexico	17.5%
Somalia	19.2%
United States	29.7%
All Others	27.2%

Adult Depression: Response at 12 Months — Statewide Average = 12.0%

Country	Rate
Iraq	3.1%
Laos	4.8%
Mexico	7.4%
Somalia	6.3%
United States	12.2%
All Others	9.9%

Adult Depression: Remission at 12 Months — Statewide Average = 7.2%

Country	Rate
Iraq	2.1%
Laos	2.2%
Mexico	3.9%
Somalia	2.7%
United States	7.3%
All Others	5.4%

Iraq (N = 195)
Laos (N = 642)
Mexico (N = 406)
Somalia (N = 255)
United States (N = 76,998)
All Others (N = 2,874)

● Statewide average for patients with country of origin information available

29.7% Patients born in U.S.

Patients born in the United States have **significantly higher** rates of **follow-up at six months** compared to patients born outside the United States.
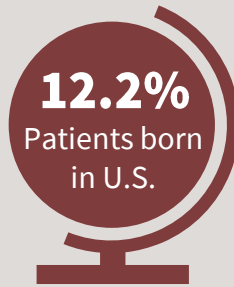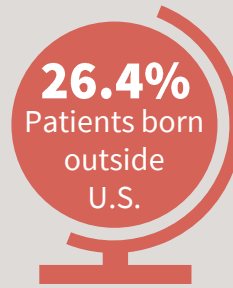
26.4% Patients born outside U.S.

12.2% Patients born in U.S.

Patients born in the United States have **significantly higher** rates of **response to treatment at 12 months** compared to patients born outside the United States.

8.4% Patients born outside U.S.

7.3% Patients born in U.S.

Patients born in the United States have **significantly higher** rates of **remission at 12 months** compared to patients born outside the United States.
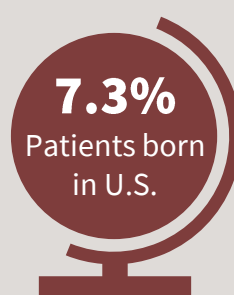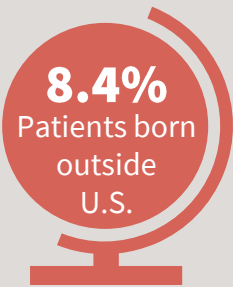
4.5% Patients born outside U.S.
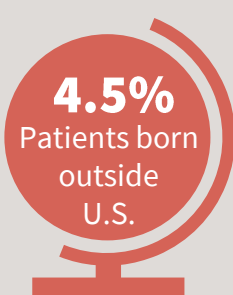
Patients from **Iraq, Laos, Mexico, Somalia or the United States** make up the largest portion of the eligible population.

Patients from **Somalia or Mexico** are **significantly below** the statewide average follow-up, response and remission at 12 months.

Patients from **Laos** are **significantly below** the statewide average for both response to treatment and remission at 12 months.

American Indian/Alaskan Native
Snapshot Summary
2019 Report Year (2018 dates of service)

Measure	AI/AN %	Statewide %
Colorectal Cancer Screening (N = 7,440)	54.0%	71.7%
Optimal Diabetes Care (N = 4,513)	25.7%	45.2%
Optimal Vascular Care (N = 2,111)	47.3%	61.2%
Optimal Asthma Control - Adults (N = 1,653)	34.1%	53.5%
Optimal Asthma Control - Children (N = 1,184)	41.6%	60.0%
Adolescent Mental Health and/or Depression Screening (N = 1,415)	69.0%	85.8%
Adult Depression: Follow-up at 6 Months (N = 1,457)	32.1%	35.7%
Adult Depression: Response at 6 Months (N = 1,457)	10.6%	14.7%
Adult Depression: Remission at 6 Months (N = 1,457)	5.4%	8.7%
Adult Depression: Follow-up at 12 Months (N = 1,457)	25.2%	31.1%
Adult Depression: Response at 12 Months (N = 1,457)	7.5%	13.1%
Adult Depression: Remission at 12 Months (N = 1,457)	4.1%	8.0%

● Statewide average for patients with race/ethnicity information available

Eliminating Disparities

+ 326
Increase in number of eligible American Indian/Alaskan Native **adult** patients with **optimal asthma control** needed to eliminate the disparity in outcomes.

+ 223
Increase in number of eligible American Indian/Alaskan Native **children** with **optimal asthma control** needed to eliminate the disparity in outcomes.

+ 895
Increase in number of eligible American Indian/Alaskan Native patients with **optimal diabetes care** needed to eliminate the disparity in outcomes.

Asian
Snapshot Summary
2019 Report Year (2018 dates of service)

Measure	Asian %	Statewide average %
Colorectal Cancer Screening (N = 25,477)	62.9%	71.7%
Optimal Diabetes Care (N = 11,906)	47.6%	45.2%
Optimal Vascular Care (N = 3,304)	67.2%	61.2%
Optimal Asthma Control - Adults (N = 3,463)	53.5%	53.5%
Optimal Asthma Control - Children (N = 2,617)	65.9%	60.0%
Adolescent Mental Health and/or Depression Screening (N = 8,118)	88.7%	85.8%
Adult Depression: Follow-up at 6 Months (N = 2,581)	33.6%	35.7%
Adult Depression: Response at 6 Months (N = 2,581)	10.3%	14.7%
Adult Depression: Remission at 6 Months (N = 2,581)	5.6%	8.7%
Adult Depression: Follow-up at 12 Months (N = 2,581)	29.4%	31.1%
Adult Depression: Response at 12 Months (N = 2,581)	8.7%	13.1%
Adult Depression: Remission at 12 Months (N = 2,581)	4.4%	8.0%

● Statewide average for patients with race/ethnicity information available

Eliminating Disparities

+ 2,297

Increase in number of eligible Asian patients with an updated **colorectal cancer screening** needed to eliminate the disparity in screening.

Black/African American
Snapshot Summary
2019 Report Year (2018 dates of service)

Measure	Black/African American	Statewide average
Colorectal Cancer Screening (N = 44,978)	58.3%	71.7%
Optimal Diabetes Care (N = 22,468)	33.8%	45.2%
Optimal Vascular Care (N = 5,902)	46.7%	61.2%
Optimal Asthma Control - Adults (N = 11,767)	40.0%	53.5%
Optimal Asthma Control - Children (N = 9,082)	55.7%	60.0%
Adolescent Mental Health and/or Depression Screening (N = 13,799)	84.8%	85.8%
Adult Depression: Follow-up at 6 Months (N = 5,656)	27.1%	35.7%
Adult Depression: Response at 6 Months (N = 5,656)	7.5%	14.7%
Adult Depression: Remission at 6 Months (N = 5,656)	3.8%	8.7%
Adult Depression: Follow-up at 12 Months (N = 5,656)	23.2%	31.1%
Adult Depression: Response at 12 Months (N = 5,656)	6.9%	13.1%
Adult Depression: Remission at 12 Months (N = 5,656)	3.5%	8.0%

● Statewide average for patients with race/ethnicity information available

Eliminating Disparities

+ 1,748

Increase in number of eligible Black/African American **adult** patients with **optimal asthma control** needed to eliminate the disparity in outcomes.
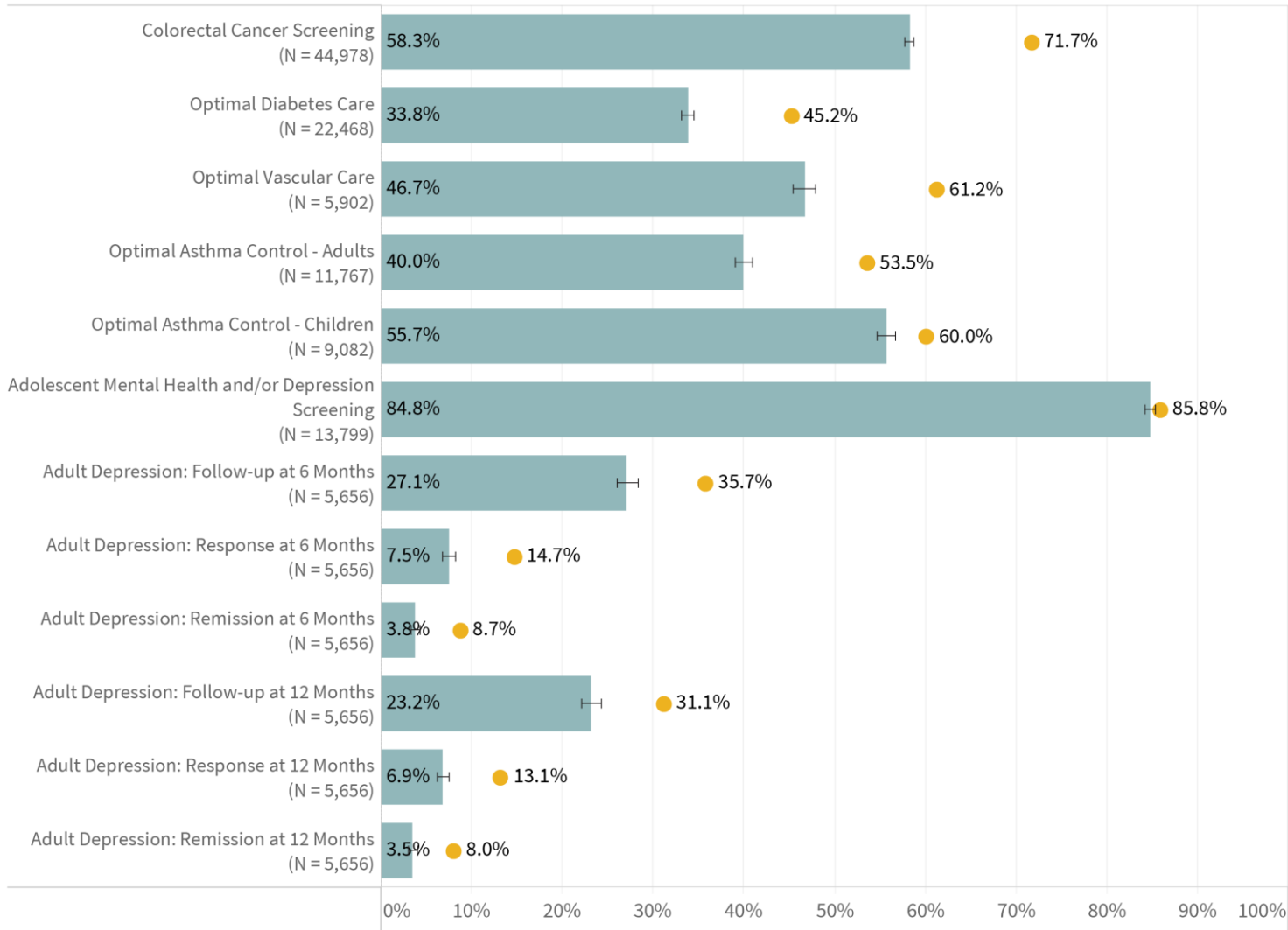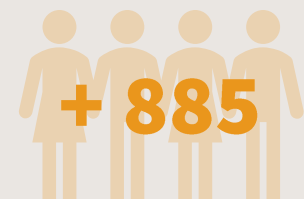
+ 6,282

Increase in number of eligible Black/African American patients with an updated **colorectal cancer screening** needed to eliminate the disparity in screening.
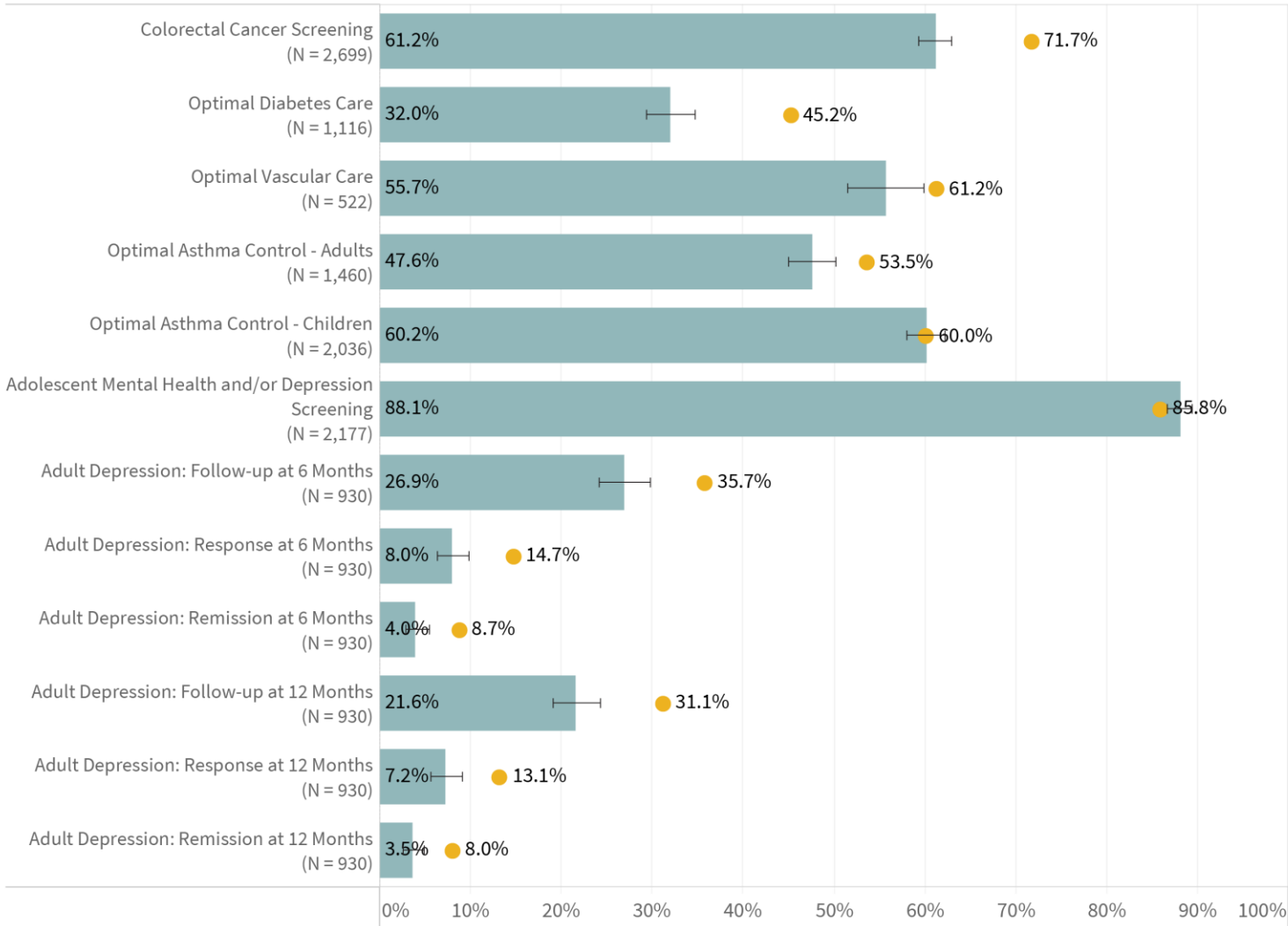
+ 885

Increase in number of eligible Black/African American patients with **optimal vascular care** needed to eliminate the disparity in outcomes.
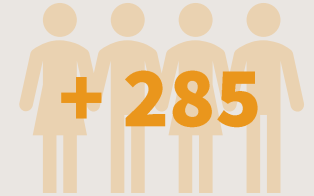
Multi-Race
Snapshot Summary
2019 Report Year (2018 dates of service)

Measure	Multi-Race %	Statewide Average %
Colorectal Cancer Screening (N = 2,699)	61.2%	71.7%
Optimal Diabetes Care (N = 1,116)	32.0%	45.2%
Optimal Vascular Care (N = 522)	55.7%	61.2%
Optimal Asthma Control - Adults (N = 1,460)	47.6%	53.5%
Optimal Asthma Control - Children (N = 2,036)	60.2%	60.0%
Adolescent Mental Health and/or Depression Screening (N = 2,177)	88.1%	85.8%
Adult Depression: Follow-up at 6 Months (N = 930)	26.9%	35.7%
Adult Depression: Response at 6 Months (N = 930)	8.0%	14.7%
Adult Depression: Remission at 6 Months (N = 930)	4.0%	8.7%
Adult Depression: Follow-up at 12 Months (N = 930)	21.6%	31.1%
Adult Depression: Response at 12 Months (N = 930)	7.2%	13.1%
Adult Depression: Remission at 12 Months (N = 930)	3.5%	8.0%

● Statewide average for patients with race/ethnicity information available

Eliminating Disparities

+ 285

Increase in number of eligible Multi-race patients with an updated **colorectal cancer screening** in order to eliminate the disparity in screening.
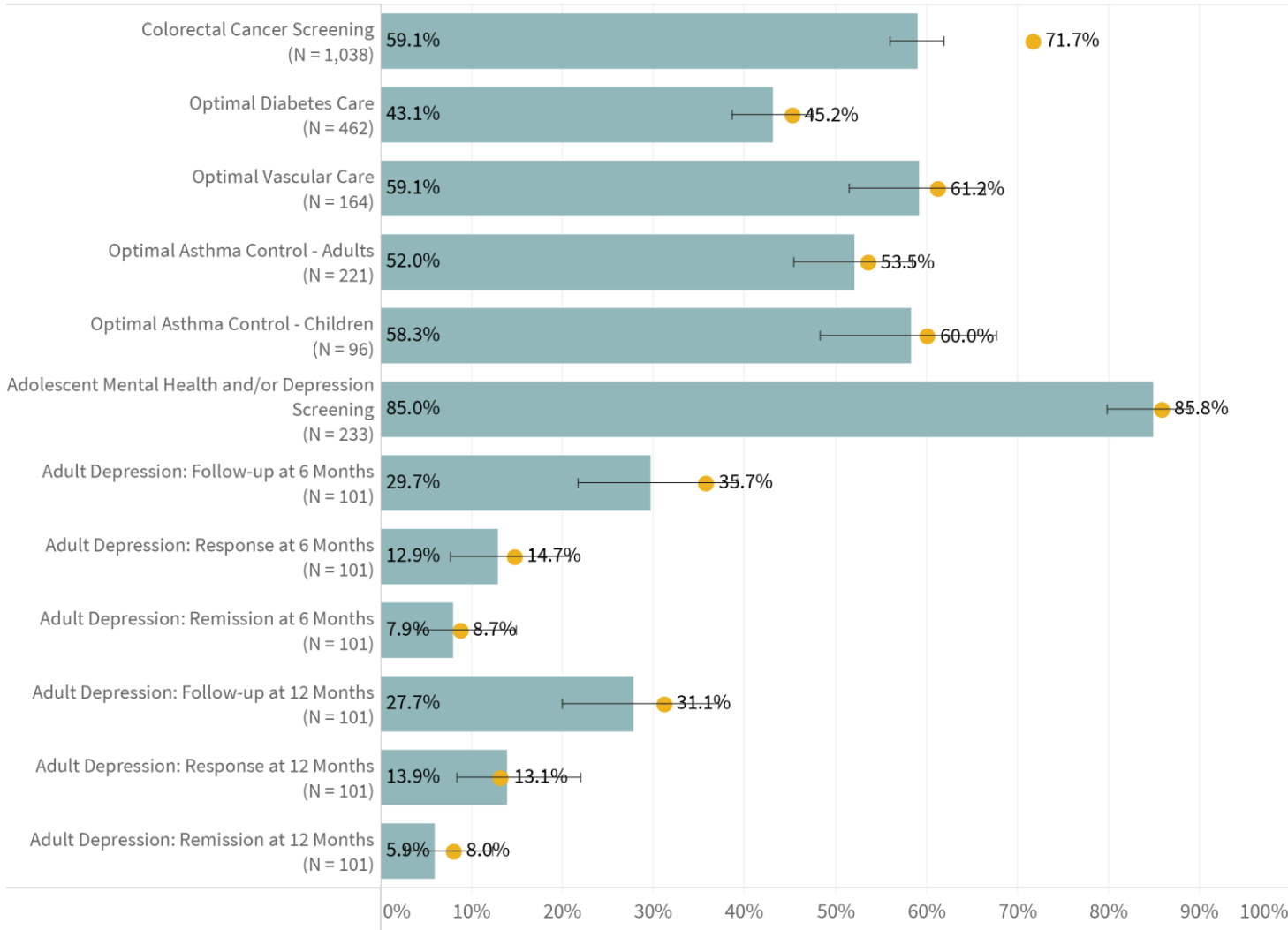
+ 148

Increase in number of eligible Multi-race patients with **optimal diabetes care** needed to eliminate the disparity in outcomes.

Native Hawaiian/Pacific Islander
Snapshot Summary
2019 Report Year (2018 dates of service)

Measure	NH/PI %	Statewide %
Colorectal Cancer Screening (N = 1,038)	59.1%	71.7%
Optimal Diabetes Care (N = 462)	43.1%	45.2%
Optimal Vascular Care (N = 164)	59.1%	61.2%
Optimal Asthma Control - Adults (N = 221)	52.0%	53.5%
Optimal Asthma Control - Children (N = 96)	58.3%	60.0%
Adolescent Mental Health and/or Depression Screening (N = 233)	85.0%	85.8%
Adult Depression: Follow-up at 6 Months (N = 101)	29.7%	35.7%
Adult Depression: Response at 6 Months (N = 101)	12.9%	14.7%
Adult Depression: Remission at 6 Months (N = 101)	7.9%	8.7%
Adult Depression: Follow-up at 12 Months (N = 101)	27.7%	31.1%
Adult Depression: Response at 12 Months (N = 101)	13.9%	13.1%
Adult Depression: Remission at 12 Months (N = 101)	5.9%	8.0%

● Statewide average for patients with race/ethnicity information available
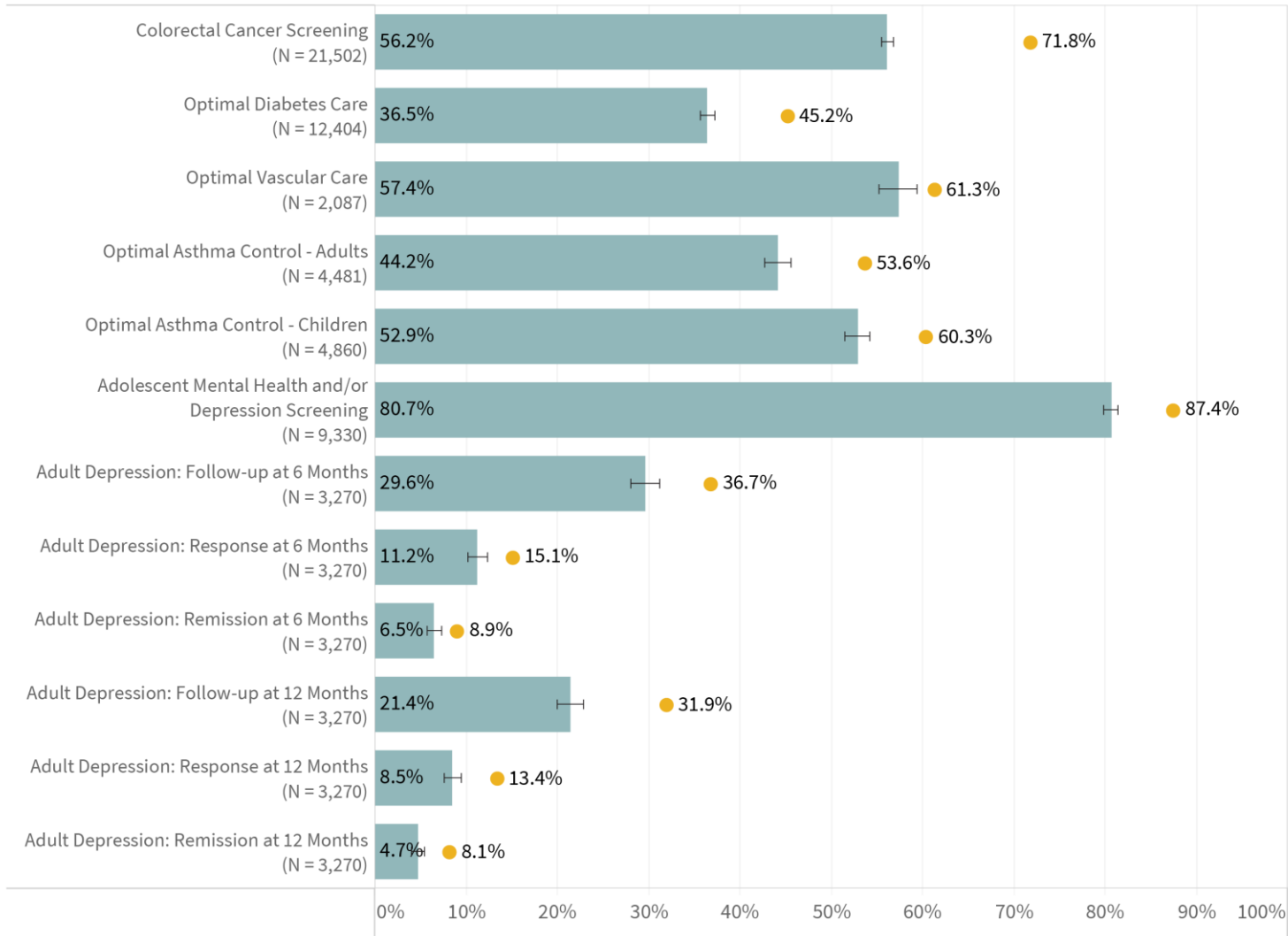
Eliminating Disparities

+ 131

Increase in number of eligible Native Hawaiian/Pacific Islander patients with an updated **colorectal cancer screening** needed to eliminate the disparity in screening.

Hispanic Ethnicity
Snapshot Summary
2019 Report Year (2018 dates of service)

Colorectal Cancer Screening (N = 21,502): 56.2% — 71.8%
Optimal Diabetes Care (N = 12,404): 36.5% — 45.2%
Optimal Vascular Care (N = 2,087): 57.4% — 61.3%
Optimal Asthma Control - Adults (N = 4,481): 44.2% — 53.6%
Optimal Asthma Control - Children (N = 4,860): 52.9% — 60.3%
Adolescent Mental Health and/or Depression Screening (N = 9,330): 80.7% — 87.4%
Adult Depression: Follow-up at 6 Months (N = 3,270): 29.6% — 36.7%
Adult Depression: Response at 6 Months (N = 3,270): 11.2% — 15.1%
Adult Depression: Remission at 6 Months (N = 3,270): 6.5% — 8.9%
Adult Depression: Follow-up at 12 Months (N = 3,270): 21.4% — 31.9%
Adult Depression: Response at 12 Months (N = 3,270): 8.5% — 13.4%
Adult Depression: Remission at 12 Months (N = 3,270): 4.7% — 8.1%

● Statewide average for patients with race/ethnicity information available

Eliminating Disparities

+ 438

Increase in number of eligible Hispanic **adult** patients with **optimal asthma control** needed to eliminate the disparity in outcomes.

+ 3,415

Increase in number of eligible Hispanic patients with an updated **colorectal cancer screening** in order needed to eliminate the disparity in screening.

+ 1,129

Increase in number of eligible Hispanic patients with **optimal diabetes care** needed to eliminate the disparity in outcomes.

DEFINITIONS & METHODOLOGY

MEASURE DEFINITIONS

OPTIMAL DIABETES CARE

The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving all of the following:

- HbA1c less than 8.0 mg/dL
- Blood pressure less than 140/90 mm Hg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

OPTIMAL VASCULAR CARE

The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:

- Blood pressure less than 140/90 mm Hg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

OPTIMAL ASTHMA CONTROL - ADULTS

The percentage of adults 18-50 years of age who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:

- Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
- Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months

OPTIMAL ASTHMA CONTROL - CHILDREN

The percentage of children 5-17 years of age who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:

- Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
- Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months

COLORECTAL CANCER SCREENING

The percentage of adults ages 50-75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:

- Colonoscopy during the measurement period or the nine years prior; **OR**
- Flexible sigmoidoscopy during the measurement year or the four years prior; **OR**
- CT colonography during the measurement year or the four years prior; **OR**
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior; **OR**
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year

MEASURE DEFINITIONS

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

The percentage of patients ages 12-17 who were screened for mental health and/or depression at a well-child visit using a specified tool. *Note: Adolescents diagnosed with depression are excluded from this measure.*

6 MONTH MEASURES

- **PHQ-9 Follow-up at 6 Months:** The percentage of patients with depression who have a completed PHQ-9 tool within six months after the index event (+/- 30 days)

- **6 Month Response:** The percentage of patients with depression who demonstrated a response to treatment (at least 50 percent improvement) six months after the index event (+/- 30 days)

- **6 Month Remission:** The percentage of patients with depression who reached remission (PHQ-9 score less than five) six months after the index event (+/- 30 days)

12 MONTH MEASURES

- **PHQ-9 Follow-up at 12 Months:** The percentage of patients with depression who have a completed PHQ-9 tool within 12 months after the index event (+/- 30 days)

- **12 Month Response:** The percentage of patients with depression who demonstrated a response to treatment (at least 50 percent improvement) 12 months after the index event (+/- 30 days)

- **12 Month Remission:** The percentage of patients with depression who reached remission (PHQ-9 score less than five) 12 months after the index event (+/- 30 days)

DIRECT DATA SUBMISSION (DDS)

Each of the measures included in this report is collected through a process known as Direct Data Submission (DDS). DDS measures use data submitted directly to MNCM by medical groups and clinics.

Data Collection

Clinic abstractors collect data from medical records either by extracting the data from an electronic medical record (EMR) via data query or from abstraction of paper-based medical records. All appropriate Health Insurance Portability and Accountability (HIPAA) requirements are followed for data transfer to MNCM.

MNCM staff conduct an extensive validation process including pre-submission data certification, post submission data quality checks of all files, and audits of the data source for selected clinics. For medical record audits, MNCM uses NCQA's "8 and 30" File Sampling Procedure, developed in 1996 in consultation with Johns Hopkins University. For a detailed description of this procedure, see www.ncqa.org. Audits are conducted by trained MNCM auditors who are independent of medical groups and/or clinics. The validation process ensures the data are reliable, complete and consistent.

Eligible Population Specifications

The eligible population for each measure is identified by a medical group on behalf of their individual clinics. MNCM's 2019 DDS Data Collection Guides provide technical specifications for the standard definitions of the eligible population, including elements such as age.

Numerator Specifications

For DDS measures, the numerator is the number of patients identified from the eligible population who meet the numerator criteria. The numerator is calculated using the clinical quality data submitted by the medical group; this data is verified through MNCM's validation process.

Calculating Rates

Due to the dynamic nature of patient populations, rates and 95 percent confidence intervals are calculated for each measure for each medical group/clinic regardless of whether the full population or a sample is submitted. The statewide average rate is displayed when comparing a single medical group/clinic to the performance of all medical groups/clinics to provide context. The statewide average is calculated using all data submitted to MNCM which may include some data from clinics located in neighboring states.

RACE, HISPANIC ETHNICITY, LANGUAGE, AND COUNTRY OF ORIGIN ANALYSES

For the nine DDS measures, the race, ethnicity, language, and country of origin data is submitted by medical groups through MNCM's DDS process. Please refer to the MNCM *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups* for more information about this data.

Best Practices for Clinical Quality Measures

Race, Hispanic ethnicity, language, and country of origin data collection undergoes a unique validation process to ensure that medical groups collect these data elements from patients using best practices. Best practices are defined as:

1. Patients self-report their race and Hispanic ethnicity.
2. Patients have the option to select one or more categories for race (i.e., medical groups/clinics do not collect data using a multi-racial category).
3. Medical groups/clinics have the ability to capture and report more than one race as reported by the patient.

A medical group/clinic must meet all the criteria for each data element to achieve best practice status and to have their data included in the rate calculation. Only validated data, collected using best practices, are used to calculate rates by race, Hispanic ethnicity, language, and country of origin.